

WILTSHIRE COUNTY COUNCIL

Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR

1959

Being the statutory report required to be made by the County Medical Officer of Health under the Public Health Officers Regulations, 1959



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Foreword

STATISTICAL indications of progress in public health have fortunately been usual for many years and are sometimes taken too much for granted; those on page 9 of this report deserve attention.

1959 was the first year ever in which the Registrar-General's return showed no deaths in Wiltshire attributed to pregnancy, childbirth or abortion. While this happy condition cannot be maintained, the occurrence emphasises the progress which has been made in prevention and treatment by hospitals, general practitioners and local health authority services alike in caring for women in pregnancy and childbirth. The infant mortality rate also shows a further improvement, though there still remains the difficult problem of deaths in early infancy from prematurity and congenital malformations. As recently as 1930 the infant mortality rate in Wiltshire was as high as 51.43 per thousand live births and in the same year 27 women died as a result of childbirth.

Among several important reports which were published during the year was the Report of the Maternity Services Committee (the Cranbrook Committee), which stressed the vital importance of a good domiciliary maternity service being maintained and recommended that a more careful selection of patients should be made for domiciliary confinements and for admission to hospital. The Committee recommended the provision of hospital beds to allow of 70% of confinements taking place in hospital, leaving 30% to take place at home. Whether these proportions meet with agreement or not (and in 1959, 67% of Wiltshire confinements took place in hospital) there can be no doubt of the value of careful selection on medical and social grounds of patients for hospital confinement. It is unfortunate that so far it has been impossible to secure agreement for hospitals throughout the County to obtain reports on social circumstances from the local health authority before booking patients who have no medical need for hospital confinement.

A good domiciliary midwifery service depends, as does that for home nursing, upon an adequate supply of recruits and much difficulty is experienced in securing young midwives and nurses to maintain these services in the years to come. Of 103 domiciliary midwives and nurses in post at the time of writing, 18 are over sixty, the normal retiring age, and only 20 are under forty. This question is receiving consideration by the Health Committee, but the reasons for the shortage of recruits are difficult to analyse. Nurses trained in hospital do not always realise the scope and interest of work on the district. The problem seems unlikely to be solved entirely by increases of pay or by inducements such as the provision of good housing and of cars, though these things help. A reduction in the working hours and hours on call of domiciliary nurses and midwives, if once achieved, might assist greatly.

The table on page 22 shows a welcome increase in the number of home visits paid by health visitors in spite of heavy demands upon their time for immunisation sessions and other kinds of clinic work. Health education, which in its broad sense is pre-eminent among the health visitors' duties, is in my opinion, best achieved by personal contact with families at home and the reinforcement of the health visiting staff is showing most encouraging results.

In my report for 1954 I mentioned the importance of child welfare centres and the continuing support which they were receiving from the public. Experience since has confirmed this and the figures on page 11 of this report show an increase in attendances during 1959. Here is another opportunity for individual health education and advice which is none the less valuable a part of the personal health services of the local health authority for having its roots deep in the past and is by no means ready for absorption by any other part of the National Health Service, though excellent work is done by a small number of general practitioners who conduct these centres on behalf of the County Council, mostly in country districts.

A new clinic, built by the County Council for the mothers and children of the new housing estates, was opened at Priory Road, Swindon, in 1959.

The prevention of tuberculosis is also a long standing public health responsibility. The fall in the notification and death rates (shown for Wiltshire in the graph on page 56) have led to over-

optimistic forecasts of tuberculosis being eradicated from the community in a few years. It is more realistic to hope that it will be eliminated within twenty to thirty years, but even this depends upon the full and efficient use of all the methods of prevention and treatment including domiciliary care and after-care, the tracing of contacts and B.C.G. vaccination.

Another notable, though a controversial, report published during 1959 was that of the Working Party on Social Workers in the Local Authority Health and Welfare Services (the Younghusband Report). While a few specialist social workers would be valuable, it seems most doubtful whether there is a place for social workers with a two-year general training as general purpose family visitors in the Health Department, and the care that is being taken to build up an effective health visiting service would be largely wasted if the health visitor with her wide contacts with all members of the family were no longer to be the worker responsible for initial visiting and assessment where medico-social need arises.

During 1959 the Mental Health Act was passed and its main provisions affecting local health authorities are expected to come into operation in the last quarter of 1960. Much thought and planning have been required to enable reports to be made to the Health Committee on possible future developments and proposals to be drafted for submission to the Ministry of Health, and at the same time detailed preparations for the opening of two new training centres have been going on. The work has had to be undertaken by the normal staff of the Health Department before the reinforcement which is proposed in view of the increased scope of the mental health services, and I should like particularly to acknowledge the effort which those especially concerned have put into this very important work as well as the consistent loyalty and devotion to duty of the whole staff of the Department during the year.

Finally, I am very glad once again to express my appreciation of the help and co-operation of many colleagues in other branches of the National Health Service and in voluntary and official bodies throughout the County.

C. D. L. LYCETT.

County Hall,
Trowbridge.

Committees

The Committees of the County Council mainly concerned with public health are:—

Health Committee, The Sub-Committees of which are as follows:—

Staff and General Purposes Sub-Committee,
Maternity and Child Welfare Sub-Committee,
Mental Health Sub-Committee,
Ambulance Service and Health Centres Sub-Committee,
Swindon Area Sub-Committee.

Water Supplies and Sewerage Schemes Committee.

Education Committee (school health service and hygiene in schools).

Close liaison is also maintained with other Committees, such as the Welfare Committee and the Children's Committee, and the County Medical Officer acts as adviser on health matters to all Committees of the Council.

Staff

County Medical Officer of Health and Principal School Medical Officer:—

C. D. L. Lycett, M.D., B.S., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:—

J. H. Whittles, M.D., B.S., B.Sc., D.P.H.

Senior Medical Officer:—

E. Hazel Williams, M.B., B.S., D.P.H., D.C.H.

Area Medical Officer:—

J. Urquhart, M.B., Ch.B., D.P.H. (also Medical Officer of Health and Principal Borough School Medical Officer, Swindon).

Assistant County Medical Officers (also School Medical Officers):—

K. J. Adams, M.R.C.S., L.R.C.P., D.P.H. (also Medical Officer of Health, Devizes Borough and Devizes Rural District).

C. L. Broomhead, M.D., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, and Malmesbury Rural District).

W. N. Taylor, M.D., B.S., D.P.H., D.I.H. (also Medical Officer of Health, Cricklade and Wootton Bassett Rural District and High worth Rural District). (Commenced 23/4/59.)

P. J. Speller, M.B., Ch.B., D.P.H. (also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District).

F. J. G. Lishman, M.D., B.S., D.P.H. (also Medical Officer of Health, Wilton Borough, Salisbury and Wilton Rural District, and Mere and Tisbury Rural District).

R. Mackay, M.D., Ch.B., D.P.H. (also Medical Officer of Health, Marlborough Borough, Marlborough and Ramsbury Rural District, Pewsey Rural District and Amesbury Rural District).

Jean Murray, M.B., Ch.B., D.P.H. (also Medical Officer of Health, Trowbridge Urban District, and Bradford-on-Avon Urban District).

J. Reynolds, M.C., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (also Medical Officer of Health, Warminster Urban District, Westbury Urban District, and Warminster and Westbury Rural District).

E. M. Wright, M.A., B.M., B.Ch., D.P.H. (also Medical Officer of Health, Salisbury City).

Anita J. Jenkins, M.D., B.S., D.P.H., D.C.H. (also Assistant Medical Officer of Health and School Medical Officer, Swindon).

J. L. Evans, M.B., B.S., D.R.C.O.G., D.P.H. (also Deputy Medical Officer of Health and School Medical Officer, Swindon). (Commenced 11/11/59.)

Winifred M. Hiscock, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H. (also Deputy Medical Officer of Health and School Medical Officer, Swindon). (Resigned 25/9/59.)

S. B. S. Smith, L.M.S.S.A., D.T.M. & H. (also Assistant Medical Officer of Health and School Medical Officer, Swindon).

H. Margaret Hammond, M.B., Ch.B.

Ethel M. Voigt, M.B., B.Ch., B.A.O.

E. Kinnear, M.B., Ch.B., D.P.H.

Mary W. Sturges, M.B., B.S., D.R.C.O.G.

D. M. Blomfield, M.B., B.S., D.P.H.

Olga E. Nietupska, Med. Dipl. (Warsaw).

Psychiatrists (part-time):—

K. C. P. Smith, M.R.C.S., L.R.C.P., D.P.M.
T. A. A. Hunter, B.A., M.B., B.Ch., M.R.C.P.

Chest Physician:—

J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H. (by arrangement with Regional Hospital Boards).

Assistant Chest Physicians:—

A. C. Molden, M.B., Ch.B. (by arrangement with Regional Hospital Boards).
Ellen O'Donovan, M.B., B.Ch., B.A.O., L.M. (by arrangement with Regional Hospital Boards).

Chief Dental Officer and Principal School Dental Officer:—

W. H. Liebow, L.D.S.

Assistant Dental Officers and School Dental Officers:—

S. H. Brenan, L.D.S.
A. T. Craig, L.D.S.
F. H. R. Davey, *O.B.E.*, L.D.S.
H. H. Greenhalgh, L.D.S. (Resigned 30/4/59).
E. C. Humphreys, L.D.S.
F. Lake, L.D.S.
J. S. MacLachlan, L.D.S.
R. S. McMinn, L.D.S.
E. H. Randerson, L.D.S.
Annie Robertson, L.D.S. (Resigned 31/3/59).
S. G. House, L.D.S. (Commenced 5/1/59).

Psychologist:—

Barbara T. Skelsey, M.Sc. (Commenced 9/3/59).

Chief Administrative Assistant:—

C. A. Horton.

Superintendent Nursing Officer:—

Eleanor W. Redwood, S.R.N., S.C.M., H.V.Cert.

Superintendent Health Visitor:—

Eileen Search, S.R.N., S.R.F.N., S.C.M., H.V.Cert.

County Public Health Inspector and Water Supplies Officer:—

T. R. Cox, M.R.S.H., M.A.P.H.I.

Mental Health Supervising Officer:—

W. R. Hudd.

County Ambulance Officer:—

T. Bullock.

Vital Statistics

POPULATION

The Registrar General's estimate for 1959 (including Services) ... 412,000

The figure for the previous year was 406,300.

BIRTHS AND DEATHS

	NUMBER.		RATE FOR COUNTY.		RATE FOR ENGLAND AND WALES.	
	1959	1958	1959	1958	1959	1958
				(Per 1,000 Population)		
Live Births	7297	7090	18.77	18.67	16.5	16.4
				(Per 1,000 Live and Still Births)		
Still Births	130	128	18.55	18.97	20.7	21.6
Total Live and Still Births	7427	7218				
				(Per 1,000 Live Births)		
Deaths of Infants under one (Total)	153	160	20.97	22.57	22.0	22.5
Deaths of Infants under one (Legitimate)	145	153	20.66	22.52	(Not available)	
Deaths of Infants under one (Illegitimate)	8	7	28.88	23.72	(Not available)	
Deaths of Infants under four weeks	103	113	14.12	15.94	15.8	16.2
Deaths of Infants under one week	84	Not available	11.51	Not available		
				(Per 1,000 Total Births)		
Perinatal Mortality Rate (Still Births and Deaths under one week combined)	214	Not available	28.81	Not available		
				(Per cent of Total Live Births)		
Illegitimate Live Births	277	295	3.80	4.16	Not Available	4.9
				(Per 1,000 Live and Still Births)		
Maternal Deaths (including abortions)	—	2	—	0.28	0.38	0.43
				(Per 1,000 Live Births)		
Premature Live Births	454	430	62.22	60.65	(Not available)	
				(Per 1,000 Population)		
Deaths	4296	4333	10.64	10.45	11.6	11.7
				(Per 1,000 Live Births)		
Deaths of Premature Babies under four weeks...	63	75	8.63	10.58	(Not available)	
				(Per 1,000 Population)		
Deaths from Cancer (all forms)	721	761	1.75	1.87	2.14	2.12
Deaths from Cancer of Lung and Bronchus—						
Male	130	124	0.35	0.35	0.464	0.439
Female	13	18				
Deaths from certain Infectious Diseases—						
Tuberculosis, Respiratory	19	24	0.051	0.062	0.085	0.10
Tuberculosis, Other	2	1				
Diphtheria	—	—				
Meningococcal Infection	3	—				
Acute Poliomyelitis	1	1				
Measles	2	—				
Whooping Cough	—	1				
Other Infective and Parasitic Diseases	8	7				

INFECTIOUS DISEASES

The following are the aggregate totals of notifications during 1959 of the more important infectious diseases, with comparative figures for the preceding ten years. The figures for 1950 onward include non-civilians.

Disease.	Total Notifications during										
	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	269	564	607	407	282	208	198	221	154	539	426
Diphtheria	2	—	3	1	1	3	1	—	—	—	—
Enteric Fever (including Paratyphoid)	1	4	1	1	—	5	3	1	2	10	1
Puerperal Pyrexia	36	24	52	113	142	93	124	151	191	174	162
Meningococcal Infection	8	6	3	11	8	1	9	12	5	5	6
Acute Poliomyelitis											
Paralytic	67	{ 50	16	28	57	20	21	10	16	9	11
Non-Paralytic		{ 18	16	18	45	3	17	9	7	1	4
Acute Encephalitis	—	3	1	—	2	1	—	—	—	1	—
Ophthalmia Neonatorum	3	20	4	5	6	3	2	2	2	1	3
Whooping Cough	822	1398	1544	1129	1012	1208	987	445	1160	318	274
Measles	3527	1279	6721	1541	7225	334	6227	348	7177	5046	4697
Dysentery	Figures for these years are not available.						{ 77	58	618	181	261
Food Poisoning							{ 71	141	146	111	62

The total number of cases of poliomyelitis in which the diagnosis was finally confirmed was 10 of which 2 were non-paralytic.

* *Care of Mothers and Young Children*

ANTE-NATAL CARE

Ante-natal care provided by the County Council service continues to be mainly given by the midwifery staff in the course of their domiciliary work, and there were in 1959, except in Swindon, only three ante-natal clinics separate from the hospital service, those at Bulford, Corsham and Wilton. The total of ante-natal attendances in 1959 was 1,141, compared with 1,164 in the previous year. There were also 134 attendances for post-natal examination, compared with 104 in the previous year.

Since no nationally standardised personal ante-natal record card had been produced, consideration was being given at the end of the year to the possibility of a suitable card being evolved for local use. A card of this kind, if carefully preserved by the patient, helps to co-ordinate the care of the patient by domiciliary midwives, hospitals and general practitioners.

MATERNAL MORTALITY

There was no death directly due to maternal causes but there was one where pregnancy and labour were concomitant with the principal cause, malignant hypertension. This death took place in hospital and the County Council's maternity services were not concerned in ante-natal care.

INFANT WELFARE CENTRES AND HEALTH VISITORS' CENTRES

Unfortunately it was impossible in 1959 to obtain Ministerial approval to the purchase of the site selected for the new central clinic building in Salisbury, and its erection, although planning had reached a final stage by the end of the year. This clinic will provide accommodation for all the Council's clinic services in Salisbury, although additional child welfare centres will continue to be held in outlying parts of the City and it is proposed to build additional clinic premises in Bemerton in 1961-62 if the Ministry approves.

Negotiations for the building of a new clinic in Chippenham, to be leased to the County Council, were nearly completed by the end of the year, and it was hoped that this clinic would be brought into operation in 1960. The need for new clinic premises in Devizes has long been apparent but their provision has been delayed by the difficulty in finding a suitable central site. Search for a site was continuing at the end of the year with the help of the Borough and Rural District Councils.

At Marlborough by the end of 1959 arrangements had nearly been completed for the lease of premises suitable for adaptation for all clinic purposes for the town.

At the end of the year there were 61 child welfare centres attended by a doctor, compared with 58 in 1958. Additional centres were opened at Bulford Village, Dilton Marsh and the School of Infantry. Warminster.

Appendix A gives details of times, places, and attendances at all the centres but the aggregate attendances, etc., are shown in the following table.

	1957	1958	1959
Total attendances during the year	39,419	39,052	42,673
Number of children who attended during year	7,165	7,403	7,861
Number of new cases (under one year and included above)	2,522	2,720	3,178

[*Statistics in this section exclude the Borough of Swindon, for which information will be found in the Area Medical Officer's Report.]

The number of children, 3,178, making their first attendance at a child welfare centre under one year of age represents 573 per thousand live births, appreciably more than the figure of 2,720 in 1958, almost exactly one half of the live births for that year.

In addition at the end of the year 64 health visitors' centres were open compared with 50 in 1958. There were 10,193 attendances at these centres during the year (9,382 in 1958).

The following quantities of proprietary articles were supplied to infant welfare centres for sale or free issue (the 1958 figures are in brackets):

Infant Milk Foods	...	...	...	...	...	...	25,068 lb.	(19,856)
Baby Cereal	...	...	...	...	...	...	6,384 Packets	(5,232)
Weaning Foods (Meat, Fruit, Vegetables, etc.)	...	...	...	...	...	...	2,244 tins	(1,992)
Nutrients (chiefly Marmite and Vitamin C Syrup or Juice)	...	...	...	...	...	...	16,512 containers	(11,178)
Baby Rusks	...	...	...	...	...	...	2,952 packets	(3,090)
Glucose	...	...	...	...	...	...	1,512 containers	(1,404)
Malted Milk	...	...	...	...	...	...	2,844 tins	(2,160)
Teats and Accessories	...	...	...	...	...	...	1,872	(1,356)

The use of the mobile infant welfare centre has been extended to a number of villages hitherto without any welfare centre facilities. Its use continues to be limited by the availability of parking places adjacent to suitable waiting accommodation. Within its working radius it has, however, now been possible to arrange service for a total of 13 villages.

CARE OF PREMATURE BABIES

The number of births of infants weighing $5\frac{1}{2}$ lb. or less increased in the County, apart from Swindon, although the total was less than that of 1957; the number of deaths of premature babies under four weeks of age was less than in 1957 and the same as in 1958. In Swindon both premature births and deaths fell in number, the fall in the number of deaths being particularly marked.

The following table gives the figures for the past five years; the variations from year to year are considerable, even allowing for the smallness of the figures, and it is difficult, in spite of the investigations which have been made, to offer any adequate explanation.

Year.	Premature live births.		Deaths of premature babies within 28 days, of whom the number shown in italics died within 24 hours.			
	Swindon.	Remainder of County.	Swindon.		Remainder of County.	
1955	91	304	11	8	35	23
1956	105	293	7	<i>1</i>	42	23
1957	124	355	22	<i>11</i>	68	<i>40</i>
1958	135	295	30	<i>15</i>	45	27
1959	111	343	17	9	45	25

[*Statistics in this section exclude the Borough of Swindon, for which information will be found in the Area Medical Officer's Report.]

The following analysis refers to babies in the whole County who were prematurely born at home or in hospital.

Year.	Born at home.				Born in hospital or nursing home.				
	Total.	Transferred to hospital.	Died in hospital within 28 days.		Died at home within 28 days.		Total.	Died within 28 days.	
1955 ...	97	15	1	<i>1</i>	4	<i>3</i>	298	41	<i>27</i>
1956 ...	92	20	6	<i>1</i>	1	<i>1</i>	306	42	<i>22</i>
1957 ...	118	37	13	<i>6</i>	5	<i>4</i>	361	72	<i>41</i>
1958 ...	100	31	8	<i>2</i>	3	<i>3</i>	330	64	<i>37</i>
1959 ...	77	19	1	<i>1</i>	1	<i>1</i>	377	61	<i>32</i>

The figures in *italics* show the deaths of premature babies within 24 hours which are included.

Fourteen midwives have been specially trained at the Southmead Hospital, Bristol, in the care of premature infants and it is intended to send more midwives there for training when the staffing situation permits. Oxygen cots for conveyance of premature babies to hospital have been provided at Chippenham, Bradford-on-Avon and Salisbury ambulance stations and one is also being provided for the Swindon Ambulance Station.

DAY NURSERY PROVISION

In view of the cost of maintaining the Trowbridge Day Nursery, the comparatively small attendance and the desire of the owners of the site, the Trowbridge Urban District Council, for its restoration to its former use as part of the public park, the Nursery was closed in September, 1959. There are now no day nurseries in Wiltshire, except in Swindon. A service of daily guardians paid a small weekly fee, after approval and registration, on condition that children recommended under the scheme are taken daily for care by arrangement with the parents, and that the close supervision of the Council's staff is accepted, was started in the Trowbridge and Salisbury areas to replace the former day nurseries, but has not yet been much utilised by parents.

PREVENTIVE MENTAL HEALTH FOR PRE-SCHOOL CHILDREN

The preventive mental health scheme for pre-school children became fully operative again with the appointment of a psychologist in March, 1959. In all, 100 children received attention.

Attendances at the special sessions of the infant welfare centres at Trowbridge, Corsham, Swindon and Salisbury were at a much higher level than in the previous year, being 140 compared with 55. In addition the psychologist made 193 home visits, as compared with 48 paid during the first eight months of 1958 by her predecessor before resignation.

The reasons for which children were seen at the clinics were:—

General behaviour problems, tantrums, etc.	...	...	...	...	...	19
Problems over toilet training	...	...	...	...	...	9
Bad sleeping and crying at night	...	...	...	...	...	11
Traumatic conditions	...	...	...	...	...	2
General backwardness	...	...	...	...	...	8
Backwardness in speech	...	...	...	...	...	5
Feeding difficulties	...	...	...	...	...	4
Children with abnormal E.E.G.'s and brain damage	...	...	...	...	...	4
Psychotics	...	...	...	...	...	1
Children with an obvious background of strained family relationships	...	...	...	...	...	9

All of these children were seen by the psychiatrist and the health visitor was, if possible, in attendance at the clinic on the occasion of the child's first attendance to provide details of the home background.

Of the 60 children seen at the clinics in 1959, some were seen for more than one reason. The ages of the 60 children at the time they were first seen at the clinics (some were seen for the first time before 1959), were as follows:—

				<i>No. of children</i>
Under 1	...	...	...	1
1—2	...	...	...	9
2—3	...	...	...	22
3—4	...	...	...	12
4—5	...	...	...	16

DISTRIBUTION OF WELFARE FOODS

At the end of the year there were, excluding Swindon, 18 main centres open in the towns, and 185 smaller centres. Staffing continues to be by volunteers, with excellent results, although it has sometimes been difficult to fill vacancies.

The following amounts of food were issued in 1959:—

National dried milk (full cream and half cream)	71,479 tins	(83,431)
Cod liver oil	17,413 bottles	(18,547)
Vitamins A and D tablets	13,427 packets	(13,199)
Orange juice	149,987 bottles	(153,857)

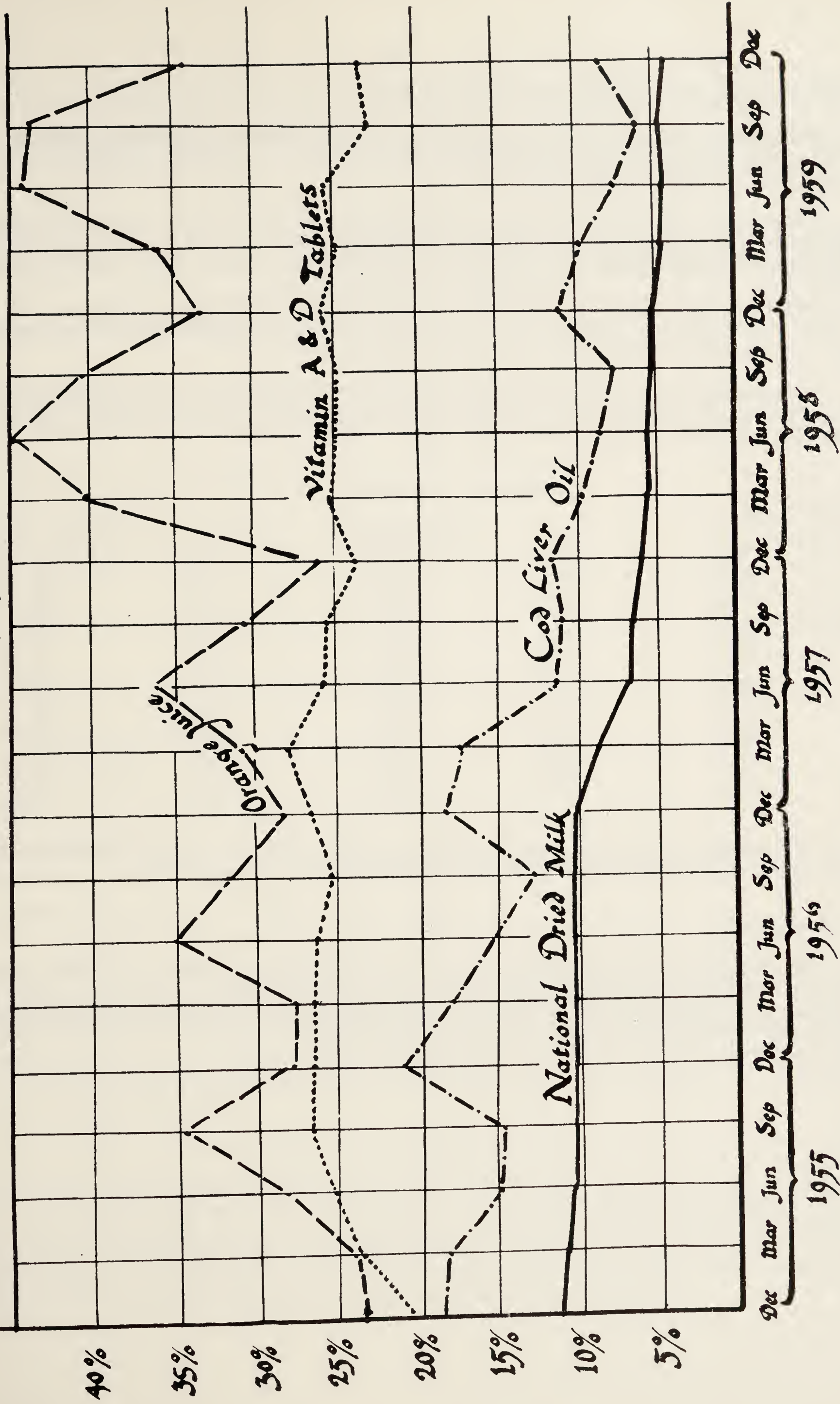
(These amounts do not include issues made in Swindon, although these are accounted for centrally in the County Health Department). Emergency needs throughout the County are met by transfers arranged within the County from headquarters.

The graph shows the general level of uptake of these foods since the County Council took over the distribution scheme in 1954. Comparable information for preceding years, when the County Council was not responsible for distribution, is not available.

The main and local distribution centres have continued to assist in health education by the exhibition of posters and the distribution of leaflets during the year.

GOVERNMENT WELFARE FOODS

Amounts distributed each quarter shown as percentages of aggregate entitlement,
to December 1959.



NOTE.—The percentage figures depicting the uptake of National Dried Milk make no allowance for the number of beneficiaries taking their entitlement as liquid milk, or for supplementary allowances made for babies fed entirely on National Dried Milk.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

The County Council's arrangements for grants to the Salisbury and Bristol Diocesan Associations for Moral Welfare to assist in providing welfare workers in this service continued, and help was given to 252 unmarried mothers in 1959.

The Superintendent Health Visitor continues to act as liaison officer with the Diocesan Associations. Fifty-six admissions were made to the Devizes Hostel, for 48 of which the Health Committee was financially responsible, and 24 admissions to other homes at the Council's expense.

Towards the end of the year the Devizes Hostel was closed temporarily owing to acute shortage of staff. With additional assistance from the County Council to raise the rates of salary paid, staff were secured and the Hostel was re-opened in April, 1960.

The following figures show the number of illegitimate births in the County, the number of women assisted under the arrangements for the care of unmarried mothers and their infants, and the number admitted to mother and baby homes since 1949.

Illegitimate Live Births.

<i>Year.</i>	<i>No.</i>	<i>Percentage of Live Births.</i>	<i>No. Assisted.</i>	<i>Admitted to Mother and Baby Homes.</i>
1949	309	5.06	223	97
1950	293	4.88	211	94
1951	309	5.13	225	88
1952	310	5.24	239	70
1953	300	4.67	247	78
1954	271	4.33	227	72
1955	274	4.39	235	68
1956	238	3.70	211	76
1957	306	4.23	247	71
1958	295	4.16	278	63
1959	277	3.80	252	72

It will be observed that the number of illegitimate births, expressed as a percentage of the live births, was lower in 1959 than in any of the preceding ten years except 1956.

BIRTH CONTROL

Voluntary family planning clinics continue to be available at Swindon, Trowbridge, Amesbury, Salisbury and Bath, and a limited number of women recommended for advice on medical grounds are referred there. If necessary the County Council meets the fees. The number of patients for whom the Council were asked to meet such charges in 1959 was 20.

INVESTIGATION OF HOME CIRCUMSTANCES OF PATIENTS APPLYING FOR MATERNITY BEDS TO DETERMINE NEED FOR PRIORITY OF ADMISSION

The following table summarizes the results of the investigations made at the request of the hospitals concerned during 1959:—

Maternity Hospital.	No. of patients whose social conditions were investigated by County Council.	No. recommended for priority of admission.	No. not so recommended.	Total No. of deliveries in Hospital (where known).
Bradford-on-Avon Maternity Hospital ...	9	9	—	535
Andover	5	5	—	
Devizes Maternity Hospital	7	7	—	187
Greenways Maternity Hospital, Chippenham	71	44	27	375
Kingshill Maternity Hospital, Swindon ...	91	66	25	281 (from Wilts, excluding Swindon Borough)
Malmesbury Hospital	15	15	—	146
Odstock Hospital	54	41	13	827 (from Wiltshire)
Trowbridge	1	1	—	396
Savernake Hospital	5	4	1	264
Nuffield Maternity Home, Oxford ...	1	1	—	
Shepton Mallet Hospital	1	1	—	
Frome Hospital	12	10	2	
St. Martin's Hospital, Bath	17	10	7	
Southmead Hospital, Bristol	1	—	1	
R.A.F. Hospital, Wroughton	2	2	—	
TOTALS	292	216	76	

These figures show that 26 per cent. of patients whose social circumstances were investigated were not recommended for priority of admission; this figure compares with 23.8 per cent. in the previous year. In the case of patients whose admission to hospital was not recommended, every assistance in making suitable arrangements for confinement at home was given by the domiciliary midwifery and home help services.

REPORT OF THE CHIEF DENTAL OFFICER—W. H. LIEBOW, L.D.S.

Section 22 of the National Health Service Act of 1946 places upon local health authorities the duty of making arrangements for the dental care of expectant and nursing mothers and of children under five years of age who do not attend a school maintained by the local education authority. Priority was given because of the tremendous importance of dental treatment for these groups and because of the difficulty which was anticipated in obtaining treatment owing to the heavy demand for it at the inception of the National Health Service Act.

The implementation of a scheme for this purpose in a rural area is difficult for two main reasons. Firstly, the withdrawal of so many dentists from the local authority service to general practice under the Act depleted a service which was already inadequate in numbers to deal with the work for school children. Secondly, the condition of the teeth of some expectant and nursing mothers is so bad that many visits to a central clinic are required in order to provide complete treatment. Public transport facilities may not be convenient and each visit may require an absence from home for a half day. Mothers with families and household duties cannot always afford the time for a prolonged course of treatment, and it is, therefore, difficult to complete all the work found to be necessary.

The statistics for the year are shown in the following table:—

RECORD OF DENTAL WORK UNDER SECTION 22, NATIONAL HEALTH SERVICE ACT, 1946 (INCLUDING SWINDON)

(Figures for the previous year are shown in brackets.)

(a) Numbers provided with dental care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ...	570 (441)	466 (397)	336 (285)	157 (170)
Children under Five ...	848 (720)	566 (432)	443 (281)	214 (207)

(b) Forms of dental treatment provided.

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers ...	592 (621)	292 (429)	8 (3)	13 (1)	544 (554)	73 (57)	54 (58)	67 (62)	42 (33)
Children under Five ...	83 (118)	275 (240)	376 (330)	25 (—)	384 (310)	146 (100)	— (—)	— (—)	5 (1)

The increase in the number of mothers and children examined and treated is due mainly to the appointment of a full time assistant dental officer in Swindon. With a birth rate of approximately 7,000 per annum, it will be seen that only a small proportion of mothers and children participate in the County scheme. It should be remembered, however, that before the inception of the scheme there was no special provision for dental inspection and treatment of these groups. Dental treatment for expectant mothers was considered by many to be contra-indicated and treatment for children under five years of age was usually thought to be unnecessary, except for the relief of pain. In addition an increasing number of these patients are receiving treatment by dentists on the Executive Council list, who provide treatment free of cost to the patient with the exception of the provision of dentures. It seems a pity that dentures can be supplied free of cost to expectant and nursing mothers under a local authority scheme, but not by dentists on the Executive Council list. There is no doubt that these two services have provided much better facilities for dental treatment for these important groups, and consequently there is a slow, but steady appreciation of the value to general health of the care of the teeth.

Much time is spent in individual talks to expectant and nursing mothers on dental health. As the foundations of a child's teeth are laid down as early as seven months before birth the importance of a well balanced diet for expectant mothers is emphasised. Advice on the diet of young children is given to nursing mothers. In order to avoid the craving for sweet foods, a taste for savoury foods, such as liver and meat puree, should be encouraged at about the age of four months. Sugar should be considered more as a flavour.

During the year seventy eight visits were made by the dental staff to infant welfare centres and day nurseries. Only those centres at which the average attendance is sufficiently large are visited. At others patients are referred to central clinics by medical officers, health visitors and district nurses.

* *Midwifery*

The number of practising midwives in the area at the end of the year was as follows:—

Domiciliary midwives (a) employed by County Council ...	77	(73)
(b) Hospital Management Committee	2	(2)
Hospital midwives	65	(61)
Midwives in private practice (including those in nursing homes)...	7	(5)
	151	(141)

(The figures in brackets are those for 1958)

GENERAL

The following table gives a summary of the work done during the year by all midwives in the County, excluding Swindon:—

Category	Domiciliary Cases				Totals	Cases in Hospitals and Nursing Homes
	Doctor not booked		Doctor booked			
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present		
County Council Midwives ...	1 (2)	23 (28)	149 (110)	1421 (1406)	1594 (1546)	— (—)
Midwives employed by Hospital Management Committees	— (—)	— (—)	2 (2)	145 (183)	147 (185)	2872 (2971)
Private Midwives	— (—)	— (—)	8 (15)	12 (4)	20 (19)	34 (38)
TOTALS	1 (2)	23 (28)	159 (127)	1578 (1593)	1761 (1750)	2906 (3009)
GRAND TOTAL						4667 (4759)

(The figures in brackets are those for 1958.)

County midwives were asked during the year to attend 352 women discharged from maternity hospitals before the fourteenth day. This figure largely represents women discharged about the eighth-tenth day, but there were, of course, many others discharged between the tenth and fourteenth days.

ANALGESIA AND DISTRICT MIDWIFERY

The following figures show the extent of the use by the midwives of the analgesics trichloroethylene, gas and air, and pethidine.

	Trichloroethylene Only	Gas and Air Only	Trichloroethylene and Gas and Air	Total
Number of cases in which inhalation analgesics were used by domiciliary midwives employed by the Council, and by the Salisbury Group Hospital Management Committee as the agent of the Council	1155 (1247)	156 (139)	48 (55)	1359 (1441)

(The figures in brackets are those for 1958.)

Pethidine was also used in 1,033 (1,040) cases.

(*Statistics in this section exclude the Borough of Swindon, of which information will be found in the Area Medical Officer's Report.)

HOUSING ACCOMMODATION FOR MIDWIVES

Housing remains a necessity for filling vacancies in the midwifery and district nursing staff. Many district councils are most helpful in providing council houses when available, but such houses are by no means always available where and when required.

The new County Council bungalow commenced at Mere in 1958, and referred to in my last Report, was nearing completion at the end of 1959, work having been seriously delayed by the original contractor being unable to complete the contract.

Consideration was given to the building of bungalows at Codford, where the former nurse (who lived in private accommodation) has retired, and Corsham, where the present accommodation for the midwife is unsatisfactory. The Health Committee decided to provide for both in the Estimates for 1960-61 and also for a third bungalow wherever real need might arise. The Committee also decided to purchase the Council house used by the district nurse midwife at Edington, the District Council being unwilling to lease it to the County Council, and in addition the private house which has been used for many years by the district nurse midwife at Hullavington, leased to the County Council.

MIDWIVES ACT, 1918

Medical aid was summoned by midwives in 328 domiciliary cases attended by them in the capacity of midwives during 1959, but in only 3 instances did the doctor concerned claim his fee from the Council under the Midwives Act, 1918. The inference is, of course, that in the remaining cases he was already booked by the patient under the maternity medical services scheme.

RELIEF DUTY

Arrangements for relief duty by neighbouring nurses for the recognised weekly and monthly periods of leave have been made for a long time past for all midwives and home nurses in Wiltshire, although temporary shortages of staff sometimes interfere with these arrangements. There is also an establishment of two relief nurses for longer periods of relief necessary for sickness, etc., but, as far as possible, all relief duty is arranged between neighbouring nurses. It has not been found necessary to arrange night rota systems as the characteristically rural nature of the area tends to dispersal rather than concentration of work and most nurses are engaged in home nursing as much or more than midwifery, and, therefore, are not engaged unduly in night duty.

* *Health Visiting*

By the end of the year the health visiting staff had been expanded to 63 (including Swindon) and four students are in training for service in 1960/61. Five vacancies for students were not filled and consideration is being given to the appointment of qualified health visitors instead in 1960/61 if they can be obtained. Within the next two years the staff should reach 75, the number envisaged in the five-year plan of 1956. It has, however, become more difficult to attract students and the revision of the Council's terms for acceptance of students in 1958 to bring them into conformity with those of other authorities in the Joint Board for the Health Visitor Course at Southampton University may partly account for this. The terms are somewhat less generous than before from the point of view of the student who is now required to give two years service exclusive of training, instead of inclusive of training as before. Although the training grant remains three-quarters of the minimum of the health visitors' salary scale and uniform and book allowances are paid, enrolment, examination and tuition fees are no longer paid by the Council.

Infant visiting has been almost entirely transferred to health visitors, and most of the school nursing. The case load in most areas is still too high but is steadily being reduced as more health visitors are added to the staff.

The health visitors devote a considerable amount of time to visiting the elderly, particularly in connection with the provision of domestic help. Requests are frequently received from hospital almoners and others for a health visitor to call on the discharge of an elderly patient and, although the most frequent need is for domestic help, the opportunity is taken to ensure that any other facilities which may be needed are provided, if available.

The enquiry into the needs of the elderly at home in a specific area of the County, that of the Salisbury Group Hospital Management Committee, mentioned in my previous Report, continued in 1959. A further meeting of representatives of the bodies interested took place on 24th November, 1959. By that time the survey had covered some 1,121 people. Of this number, 27 had been found to be in need of home help but not receiving it, and a further 53 required home help additional to a current allocation. Arrangements were made to meet these needs. Twenty-eight people had been found to require more suitable living accommodation and 17 had been transferred to welfare homes; 6 others had been referred to the Welfare Department. Nineteen people required chiropody treatment, which some voluntary associations for the elderly provide, and for which the County Council will be starting a scheme.

Health visitors are also concerned with advice for the prevention of home accidents and arrangements have been made with hospital management committees in the County for details to be furnished of patients treated for the results of such accidents. Hospitals outside the County, but receiving patients from Wiltshire, are now also co-operating. In those instances where it appeared that useful preventive work could be done by a health visitor in advising future precautions and by health education generally, where the patient was willing for name and address to be given, these additional details were obtained and visits arranged, the total being 40 during the year.

The following table gives a summary of all the visits undertaken by the health visitors during 1959 with figures for 1958 in brackets (excluding Swindon, the statistics for which are given on page 33):—

Number of Children under 5 years of age visited during year	Expectant Mothers		Children under 1 year of age		Children age 1 but under 2 years	Children age 2 but under 5 years	Tuber- culous house- holds	Other cases	Total number of families or households visited by health visitor
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits	
21,908 (20,502)	945 (834)	1,374 (1,190)	5,717 (5,297)	27,737 (22,908)	15,673 (11,839)	25,722 (21,520)	1,123 (1,265)	19,997 (15,728)	20,086 (17,383)

The table excludes school nursing visits.

[*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]

Except for visits to tuberculous households, the increasing staff of health visitors is reflected in the increase in the number of visits, especially to young children. Attendance at clinics, especially clinics for poliomyelitis immunisation, continues to form a large part of the health visitor's work, decreasing the time they spend on home visiting.

The number of live births (excluding Swindon) during the year, corrected according to domicile, was 5,537 and there were also 100 stillbirths. The figures for 1958 were 5,488 and 97 respectively.

The special list of families with seriously unsatisfactory home conditions (and, in many cases, neglect of children) requiring particularly constant supervision by health visitors, included 113 families at the end of the year. During the year 32 families were added to the list and 36 were removed; 15 of these had left the County. The employment of whole-time special domestic helps in the Salisbury and Trowbridge areas continued and they assisted fifteen families in 1959; In addition specially selected part-time home helps assisted four families of similar type. These home helps, specially chosen, have undoubtedly done devoted work in a field which is not easily rewarding. Definite improvement is often achieved, but its permanence is doubtful in families of true "problem" character, in whom unsatisfactory patterns of behaviour are firmly established. With others, however, where some temporary crisis has exaggerated the results of natural ineptitude, help and guidance for a period is invaluable. It is very difficult to estimate how often the work of the home helps has prevented the necessity for children being taken into care at a cost much greater than the home helps' services, but it is clear that their work does much to prevent circumstances arising, the ultimate end of which would be such a need.

* *Home Nursing*

At the end of the year there were 87 home nurses, 12 being whole-time. The others were engaged in combined duties, principally with district midwifery undertaken by 73 of the 75.

The following table shows the types of cases attended by the home nurses and visits paid during 1959. The figures in brackets are those for 1958.

	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Totals
Number of Cases Attended	5,929 (5,883)	1,973 (2,221)	101 (158)	43 (50)	95 (126)	788 (751)	8,929 (9,189)
Number of Visits Paid	84,048 (84,975)	25,611 (24,841)	480 (631)	1,528 (1,919)	692 (939)	5,346 (5,926)	117,695 (119,231)

A table in Appendix B gives the districts with particulars of the work undertaken, including midwifery where the work of home nursing and midwifery is combined; the figures for the previous year are shown in brackets.

Consideration of Circular 15/59 on the Training of District Nurses, and the Report of the Advisory Committee on the subject, led to the decision not to set up a district nurse training scheme in Wiltshire, but to explore the possibility of Wiltshire nurses being sent for training to other centres. This matter is being followed up in 1960, and it is hoped that training will be commenced in that year.

(*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.)

Immunisation

AGAINST SMALLPOX

During the year records were received from general practitioners of 4,146 primary vaccinations and 965 re-vaccinations. The figures for 1958 were 3,596 and 896 respectively. Of the total of 4,146 primary vaccinations, 3,720 were of infants, compared with 3,296 in 1958.

AGAINST DIPHTHERIA

During the year 5,273 primary immunisations and 3,839 reinforcing injections were carried out by County Council staff and general practitioners, compared with 4,432 and 3,106 in 1958. Of the total of 9,112 primary immunisations and reinforcing injections, 4,871 were undertaken by general practitioners. Combined immunisation against diphtheria and whooping cough was provided unless separate immunisation was desired by the parent.

The following table shows the number of children under the age of 15 immunised during the years 1955-1959:—

Number of Children who had completed a course of Immunisation (Primary or Reinforcing) in the period
1st January, 1955, to 31st December, 1959:—

Age at 31st December, 1959, i.e., Born in Year	Under 1, 1959	1—4, 1958—55	5—9, 1954—1950	10—14, 1949—45	Total Under 15
Number immunised with diphtheria or diphtheria/pertussis antigens	1,453	14,579	16,944	3,983	36,959

In 1959 the number of children under two years of age primarily immunised against diphtheria, expressed as a percentage of the registered births, was 83.0 per cent.

AGAINST WHOOPING COUGH

Supplies of the approved antigens are available to practitioners and the service is provided in all infant welfare centres in the County. The primary course of three injections (for combined immunisation unless separate immunisation is requested) is commenced at approximately three months of age, and reinforcing injections are provided at about 18 months to two years of age. During the year 4,770 primary immunisations and 1,824 reinforcing injections were undertaken by County Council medical officers and by general practitioners, compared with 3,670 and 1,603 respectively in 1958. General practitioners received fees of 7s. 6d. for records of combined immunisation, and 5s. 0d. for records of whooping cough immunisation only.

Information of the scheme for combined immunisation is sent to the parents of every child by the third month, and is followed by another communication if the first is ignored. If the second communication is ignored, the parents are specially visited by a health visitor. Health visitors also undertake personal propaganda both in the homes and clinics.

The following table summarises the work undertaken and shows the number of children immunised during 1959:—

		Age at date of final injection					Total
		Under 1	1	2—4	5—9	10—14	
PRIMARY	Diphtheria only	183	68	69	270	7	597
	Whooping Cough only	56	21	11	6	—	94
	Combined Diphtheria and Whooping Cough	3,801	545	260	57	13	4,676
REINFORCING	Diphtheria only	—	—	179	1,809	34	2,022
	Whooping Cough only	—	—	4	3	—	7
	Combined Diphtheria and Whooping Cough	—	19	1,209	552	37	1,817

AGAINST TUBERCULOSIS

An account of B.C.G. vaccination will be found on pages 30 and 61.

AGAINST POLIOMYELITIS

The arrangements for immunisation of children and young persons born in 1933 or later, expectant mothers and certain other groups, proceeded smoothly. In spite of press propaganda, posters, leaflets, and personal propaganda by County medical and nursing staff, the response in the young adult group was poor. Large employers of labour were invited to co-operate and, almost without exception, did so readily, with the result that many immunisation sessions were arranged in or near works, in addition to other special and regular sessions. At the end of the year approximately 30% of adults born in 1933 or later had been immunised and 76.5% of children up to the age of fifteen.

The response from expectant mothers was initially not good, although midwives were asked to do all they could to urge the value of immunisation. It has since become impracticable to judge the final response as many expectant mothers now may register merely as adults and not as expectant mothers.

The co-operation of practitioners has been increasingly valuable and they are now undertaking a considerable proportion of the immunisation work, both in their surgeries and, to a much lesser extent, in special sessions. The County-wide vaccine delivery service to practitioners by car has been maintained to ensure that it reaches them properly preserved (in insulated boxes) in the correct temperature range.

Evening sessions, staffed by medical officers and health visitors, were held in Salisbury from April onward, at first twice monthly and later weekly as demand increased. By the end of September over a thousand persons had been given first and second injections. Sessions have been resumed in 1960 for the necessary third injections.

The following table gives a general view of the work undertaken in 1959:—

Class	Number immunised with two injections in 1959
Children born in years 1943 to 1959 ...	26,146
Young Persons born in years 1933 to 1942	18,931
Expectant Mothers	2,054
General Practitioners and their families ...	40
Dentists and their families	5
Ambulance staff and their families	21
Hospital staff and their families	Immunisation of this group of persons, when it is performed by the hospital medical staff, is not notified to the Local Health Authority, but the Department supplied 2,322 units of vaccine to hospitals for their staff: this probably represents nearly 900 persons immunised with two injections in the year
TOTAL	47,197 (and, say, 900 hospital staff and families)

In addition, 1,137 persons had had one injection only, i.e. had commenced a course at 31st December, 1959.

Up to 31st December, 1959, 58,465 persons had received three injections, 51,290 having been completed during 1959.

Ambulance Service

The following table gives details of patients carried and mileage undertaken by the Ambulance Service during the year. For comparison the figures for 1958 are given in brackets:—

	PATIENTS				MILEAGE	
	Accident or Emergency		Other			
AMBULANCES:						
County Council Ambulances	5,588	(4,951)	23,982	(25,201)	301,872	(302,539)
Voluntary Ambulances... ..	351	(248)	536	(442)	23,955	(20,897)
TOTAL AMBULANCE WORK	5,939	(5,199)	24,518	(25,643)	325,827	(323,436)
SITTING CASE VEHICLES:						
County Council Cars (includes taxis) ...	517	(476)	10,639	(12,557)	69,436	(73,871)
County Council Cars (dual-purpose vehicles)	731	(763)	37,649	(35,146)	231,754	(218,788)
County Car Pool	215	(283)	53,979	(46,921)	667,829	(631,777)
Voluntary Units	—	(64)	2,063	(2,098)	9,125	(8,966)
Car Hire	—	(—)	14	(28)	30	(64)
TOTAL SITTING CASE WORK	1,463	(1,586)	104,344	(96,750)	978,174	(933,466)
RAIL TRANSPORT		227	(218)			

For the second year running there has been an increase in the number of patients for whom the Ambulance Service was asked to provide car transport. It should not be overlooked, however, that the population of Wiltshire is increasing, and if the increase in the mileage is viewed in conjunction with the increase in population it appears less significant.

The increased County population of 1959 over 1955 amounted to 14,500, and as during the financial year ending 31st March, 1959, the average number of miles per person carried by the whole ambulance service was 10 and the number of persons carried per thousand head of the population 316, an increased mileage of 46,000 for the whole service with an additional 4,600 patients could have been anticipated.

In addition since early 1959 an arrangement has been working with the Oxford City authorities whereby Wiltshire sends transport to Oxford rather than pay Oxford to provide the transport for us, which they are legally entitled to do. It is estimated that this arrangement may save an additional 10,000 miles per annum by Wiltshire vehicles.

It will be seen from the following table that the total mileage for 1959 is little above the average for the preceding four years and, in fact, was lower than the figure for 1955:—

			<i>Miles.</i>
1955	...	...	1,367,030
1956	...	...	1,261,453
1957	...	...	1,201,872
1958	...	...	1,256,902
1959	...	...	1,304,001

The mileage travelled with mentally subnormal children during these years is not included.

Work commenced during the year on the new ambulance station at Swindon. A new station in this town was long overdue as the present premises are very unsuitable. The new station will provide good covered garage accommodation in addition to workshops, and this should greatly

help in the smooth running of the station. In the past practically all cleaning has had to be undertaken in the open air during the daylight, but with the new garage the cleaning can be undertaken under cover at any time and it should be possible to arrange for such duties to be carried out at off-peak hours. Provision has also been made for much better facilities for the staff. This was much needed as the present staff quarters are very cramped. It is hoped that this station will be the forerunner of other new stations at Salisbury and Trowbridge.

As an experiment special lectures were arranged at three of the main ambulance stations. These lectures were kindly given by Dr. Mills, the County Medical Officer to the British Red Cross Society, and were designed to discuss special aspects of first aid at an advanced level. These gave driver/attendants an opportunity to discuss problems which they had encountered in their day-to-day work and were generally appreciated by them as most helpful. It is hoped to extend this in the future.

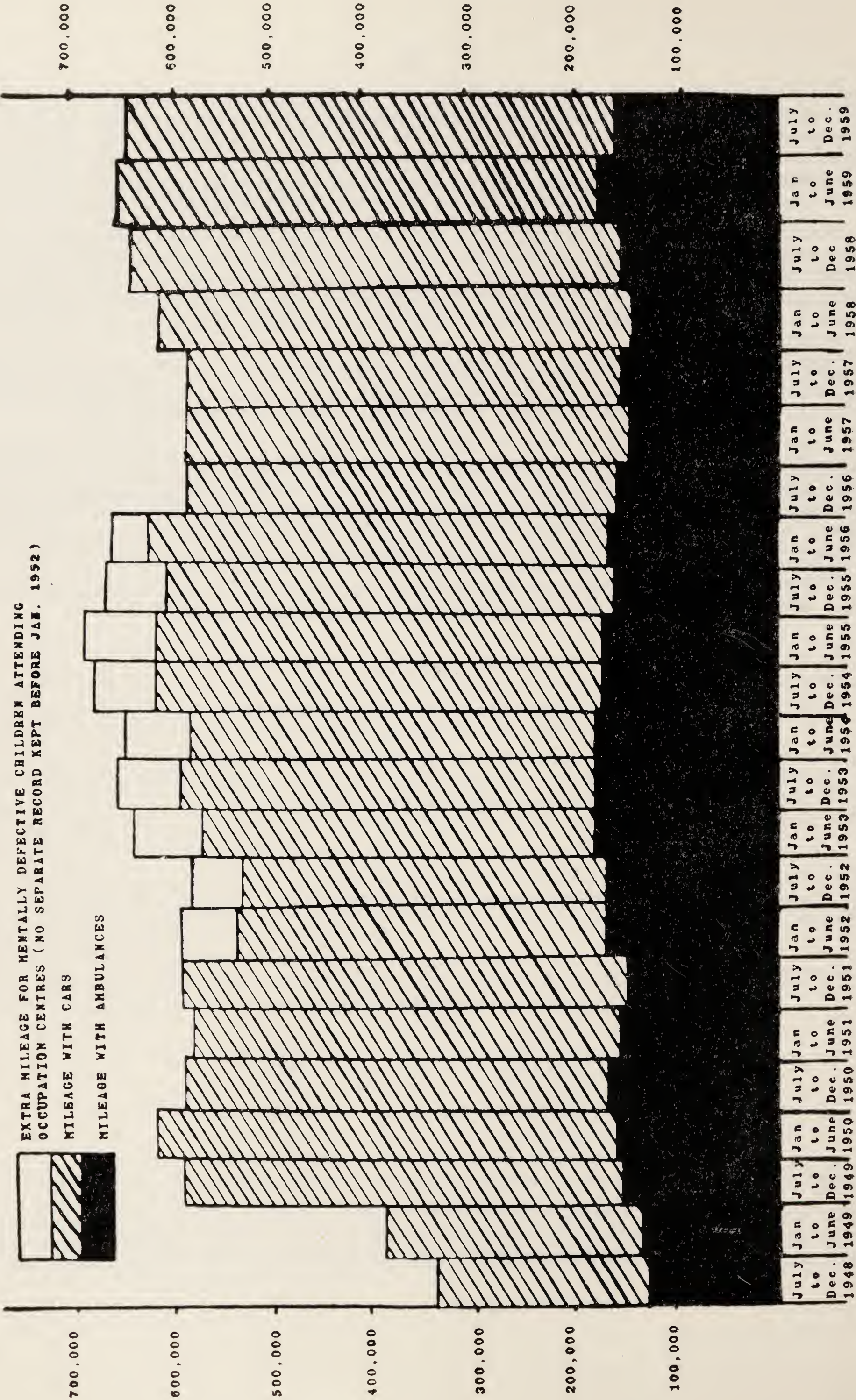
The service is again indebted to the members of the County Car Pool for the very valuable help which they gave during the year. The structure of the whole-time ambulance service is designed primarily to provide ambulance transport and to deal with emergency calls.

There are, of course, times when the demand for ambulances is not sufficient to completely occupy the time of the whole-time staff, and on such occasions they undertake car work, but by far the greater part of car work has to be undertaken by the County Car Pool, which has to cushion the effects of any increased demand for cars or to relieve the whole-time staff of car work during times of high demand for ambulances. I mentioned in my last annual Report that there was a lack of drivers in the Malmesbury and Chippenham districts and I am sorry to say that this still exists.

Thanks must also be given to the British Red Cross Society and St. John Ambulance Brigade whose voluntary units again gave valuable assistance to the County service.

The following diagram shows the mileage travelled since the inception of the service in 1948:—

AMBULANCE SERVICE MILEAGE SINCE 1948.



* *Prevention of Illness, Care and After Care*

- (a) TUBERCULOSIS } Reports under these headings are made in the relevant sections on
(b) MENTAL HEALTH } pages 54 and 44.

(c) OTHER TYPES OF ILLNESS

Hospital discharge reports on children are made the starting point for after-care visits by health visitors and for particular attention by the medical officer of the local infant welfare centre if the child is in attendance. Copies of notifications of the common infectious diseases received from district medical officers of health under the National Health Service Act are used to provide information of such cases to the health visitors, although it is obviously impracticable, particularly in epidemics, for all to be visited by the comparatively small staff of health visitors available. However, by this system the health visitor is enabled to visit those who, from her knowledge of the home conditions, are most likely to need visiting and can most readily be fitted in with her other journeys. The visits undertaken are included in the main total of visits given in the section relating to health visiting on page 22.

(d) CONVALESCENT TREATMENT

Nineteen convalescent patients were sent to seven convalescent homes, situated on the coast. In all cases two weeks' convalescent treatment is provided, but, if advised by the medical officer of the home, this is extended. The scheme is restricted to patients not needing medical or nursing care, and contributions towards the cost are required in accordance with a scale set by the County Council.

(e) HEALTH EDUCATION

The film strip projector was in wide demand by health visitors for use in infant welfare and health visitors' centres and for talks to Women's Institutes, to parent-teacher associations, and similar organisations. New film strips are added from time to time to the collection on health subjects already available.

A large range of posters, pamphlets, and other publications on health subjects, constantly added to as new ones are published, is available in the Health Department for distribution to the public, principally by health visitors. Stocks are kept at all infant welfare centres and in some local halls used for centres. Permanent poster panels have been provided.

Articles on specific subjects of health education continued to be provided for the local press and also notices on matters of home safety. Mothercraft classes in a secondary modern school for girls in one of the larger towns have proved to be a promising experiment which has been appreciated and seems well worthy of extension as the time of personnel permits.

(f) HEARING THERAPY

A hearing therapist (a trained teacher of the deaf) was appointed (but did not commence duty until 1960) for work primarily with pre-school children but also with those of school age. It is hoped that there will be an increasing field of work in the earlier discovery of children with hearing defects through the routine application of screening tests by health visitors, followed by investigations at otological departments, and that the availability of a hearing therapist for work anywhere in the County with young children possessing residual hearing and their parents in their homes or in clinics, will prove useful. He should form a valuable link between the Health Department, hospital otological departments, schools, teachers and general practitioners.

(*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.)

(g) CHIROPODY

The County Council decided, as a result of the Ministry's circular 11/59, sanctioning the introduction of chiropody schemes by local health authorities, to initiate the service which was previously proposed but which was not then approved by the Minister. Nearly six months elapsed before the final form of the Council's proposals was approved and the scheme, staffed by two full time chiropodists initially, will commence in 1960. It is intended primarily for the elderly, the physically handicapped, and expectant mothers. Contributions towards the cost of treatment provided will not be required from those having State pensions only, but others will be required to contribute on a similar scale to that used for assessment of contribution towards the cost of domestic help. It is intended that treatment will mainly be given in County Council clinics, but domiciliary treatment will be provided for those unable to travel.

(h) PROVISION OF HOME NURSING EQUIPMENT

In Appendix "C" is a list of the medical loan depots run by the British Red Cross Society and St. John Ambulance Brigade in conjunction with the County Council. In addition there is a central medical loan depot at County Hall for larger articles of equipment, such as foam rubber mattresses, spinal carriages, wheel-chairs, etc.

During 1959, 1,886 loans were made from the local depots and from County Hall. Charges varying from 1d. to 1s. 0d. per week are made according to the value of the article, although these are remitted in necessitous cases.

(i) B.C.G. VACCINATION

During 1959 tuberculin testing, to be followed by B.C.G. vaccination, if necessary, was offered for all children between the ages of 13 and 14 years attending maintained schools, and for some at independent schools. Because of the pressure of work from poliomyelitis immunisation, particularly during the first six months of the year, there was, unfortunately, insufficient time to include all the independent schools in the programme, but it is anticipated that this will be completed in 1960.

Consent was received from the parents of 2,991 of the 3,883 children concerned, or 77 per cent. There were, however, 455 children in maintained schools for whom consent was received in 1958 who could not be vaccinated until 1959, and 155 of the 1959 group had to be carried forward to 1960, so that the numbers dealt with during the current year were as follows. Comparative figures for 1958 are given in brackets.

Number of children who had preliminary Heaf test	...	3,282	(2,321)
Results of Heaf tests:—			
Positive, and B.C.G. vaccination therefore not indicated		706	(421)
Percentage positive	... ..	21.5	(25.2)
Negative, and children vaccinated	... ..	2,515	(1,718)
Not assessed as children absent or left the area immediately after the test	... ..	61	

Children whose reaction to the tuberculin test is very strongly positive are referred as a routine to the chest clinics for further investigation, as it is considered that, when such reactions occur, the children have a special risk of contracting tuberculosis at a later date. During 1959, 91 children were followed up in this way. No actual case of tuberculosis was found amongst them, but on 31st December a few of these children were still under observation at the chest clinics as a precaution.

Of the 2,515 children vaccinated, the results were doubtful in 173. These children attended four schools and three batches of vaccine were concerned. The practice in such cases is to carry out further tuberculin tests and re-vaccinate, if necessary.

Children who have been vaccinated are given a tuberculin test a year later, if they are still at school, to check that conversion has been maintained.

In 1959, 955 children vaccinated in 1958 were tested in this way. One hundred and sixteen of the children, or 12.1 per cent, gave negative results and were re-vaccinated. In 1957, which is the previous year for which information is available, 239 children vaccinated in 1956 were all still positive when re-tested. Freeze-dried vaccine was introduced in April, 1958, instead of fresh liquid vaccine.

In October, the Ministry of Health approved the County Council's proposal to extend the arrangements for B.C.G. vaccination in accordance with the recommendations in Circular 7/59, to school children over the age of 13 years and younger children in the same classes, as well as to students at technical and further education colleges, teachers' training colleges, and universities. It was not found practicable to undertake any vaccination of these additional age groups before the end of the year, but they will be included in the 1960 programme.

* *Domestic Help*

During the year help was provided in 714 households, and on the 31st December 508 persons were being assisted. Of these, 433 current cases had received help for periods exceeding three months. Apart from confinement cases almost all the resources are devoted to the care in their homes of the chronic sick and aged, and thereby admission to hospital or welfare home is often made unnecessary or is delayed.

Persons in receipt of old age pensions without any additional means, and those with old age and supplementary pensions or in receipt of national assistance, are not expected to make contributions. Appendix "D" to this report analyses in more detail the use of the service in 1959.

NIGHT ATTENDANT SERVICE

There was no great demand during 1959 for this service which has the objects of providing care at night for those who are ill and live alone or with someone who is unable to care for them and of providing an evening service where necessary to prepare a meal or hot drink and help the patient to bed. Two patients were assisted during the year.

[*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]

Report of the Area Medical Officer

I HAVE much pleasure in submitting herewith the report of the Area Medical Officer for Swindon for the year 1959.

This report deals only with the services provided under Part III of the National Health Service Act 1946 which have been delegated to the Swindon Area Sub-Committee.

The scheme of delegation of powers under the Local Government Act 1958 has now been submitted and it is likely that it will come into effect in 1960. One can assume therefore that this is the last time this report will be presented in this way.

Swindon's population continues to rise rapidly and the Registrar General estimated the mid-June 1959 population as 82,660, an increase of 2,254 over last year. The birth rate remains considerably higher than that for the country as a whole and as long as the expansion programme continues as planned one can anticipate the population will continue to increase at this rate.

At 31st December a total of 2,089 houses was occupied on the Penhill Estate and 3,049 on the Walcot group of estates. In addition 220 private houses were completed and occupied during the year. Since the inception of the expansion scheme under the Town Development Act a total of 3,715 families from London and elsewhere has been housed in corporation houses.

Our major difficulty in providing services for this large population is due to our shortage of health visiting staff. I have referred to this elsewhere in the report, otherwise staff and facilities have been provided to meet the demands made on them. I would particularly refer to the new clinic at Priory Road, which became available for use during the year. This clinic provides a much needed amenity and as the estate continues to be built up around it more and more use will be made of it. At present this clinic is used for infant welfare, immunisation, speech therapy, child guidance and ante-natal clinics. Unfortunately we have been unable to recruit dental officers so the dental suites in the clinic have not been furnished. It will be seen from elsewhere in the report that the dental position was somewhat better during the year but until more whole-time dental officers are appointed the dental services for the Priority Classes will continue to be totally inadequate to meet the demands of the rising population.

JAMES URQUHART,

Civic Offices, Swindon.

Area Medical Officer.

HEALTH VISITING

During the year we were constantly below strength in health visitors and at the end of the year we had only eight of our total establishment of fifteen. When one considers that for half their time the health visitors act as school nurses one realizes how serious the position is, and how this restricts the work of the department in so many aspects.

With the increasing population, both by virtue of the expansion programme and the high birth rate, the shortage of health visitors has necessitated a reorganisation of their duties to maintain as far as possible the basic services.

Thus it has been impossible to maintain anything but selected home visiting, and this is reflected in the table given below. As far as possible visiting of the aged has been maintained, as are visits to newly born babies. Where the mother is capable and the baby is healthy and attends regularly at a child welfare clinic, home visiting is to all intents and purposes discontinued. Visiting problem families has also been maintained at as high a level as possible but it is impossible to devote as much time as we would wish to them.

The following table shows the number of visits paid by the health visitors in respect of expectant mothers and young children.

Number of visits paid by health visitors (figures for 1958 in brackets) are:—

Expectant Mothers		Children under 1 year of age		Children between the ages of 1 and 5	Other Classes
First Visits	Total Visits	First Visits	Total Visits	Total Visits	Total Visits
235 (304)	238 (324)	1,714 (1,601)	4,111 (4,182)	3,927 (5,216)	642 (862)

Included in "Other classes" in this table are 11 visits to cases of infectious disease and 306 visits to cases of tuberculosis.

During the year health visitors paid 238 visits to expectant mothers to investigate their home circumstances.

In the past we visited homes where accidents had occurred but the information about these accidents from the hospital authorities was discontinued. I feel this is a retrograde step as in the homes the health visitor was able to spread the gospel of accident prevention and the lessons we feel were most effective when the incident was fresh in the minds of the householders.

INFANT WELFARE CLINICS

Infant welfare clinics are held at the following premises on the days stated and the attendances made were as follows:—

Centre	Day and Time, 2—4.30 p.m.	Number of consultations with doctor	Number of attendances
61 Eastcott Hill	Wednesday and Friday ...	2,071	5,287
Beech Avenue, Pinehurst ...	Tuesday	726	1,893
Gorse Hill	Wednesday	923	2,524
Rodbourne Cheney	Monday	594	2,000
Bath Road	Friday	773	2,485
Penhill	Tuesday	770	2,762
Walcot—Priory Road ...	Thursday	714	2,456
Do. Common Room ...	Monday	161	1,574

The new clinic at Priory Road was officially opened on 4th June 1959 by the Chairman of the Wiltshire County Council, although clinics were held there from the 14th May 1959.

Apart from Pinehurst Clinic, this is the only clinic in Swindon which was designed and built for clinic purposes.

Elsewhere in the report I have reproduced a photograph of the clinic, which is spacious, attractively decorated and furnished. At the moment it is rather isolated on the estate but in the near future it will form an important feature of the main shopping area which is to be built. Although included in the building are two dental suites, they have not been furnished as no dental officers were recruited to work there. It is indeed a pleasure for the staff to have such wonderful surroundings in which to work and the mothers who attend are also highly appreciative of the amenities provided.

On the opening of the clinic the temporary premises at the farm-house were no longer needed. An additional clinic was held in the Common Room, Walcot, which started on 16th February, 1960, and the Thursday clinic at Penhill was discontinued. A doctor attends this clinic and Rodbourne clinic on alternate Mondays.

During the year the attendances at the Infant Welfare Clinics increased by 1,433 and the consultations with the doctors increased by 148.

WELFARE FOODS

Welfare foods are distributed at all child welfare clinics and at the Health Centre. Proprietary foods are available at all such child welfare clinics but not at the Health Centre.

The clinic at Eastcott Hill is open each day for the distribution of these foods but at other clinics distribution only takes place during the child welfare session.

Welfare Foods	Health Centre Issues		Clinic Issues	
National Dried Milk	21,462 tins	(23,946)	20,352 tins	(20,854)
Cod Liver Oil	1,999 bottles	(2,120)	3,393 bottles	(3,484)
Vitamin Tablets	2,486 packets	(2,424)	2,573 packets	(2,236)
Orange Juice	23,014 bottles	(23,133)	30,936 bottles	(27,945)

(Figures for 1958 are shown in brackets)

Proprietary Dried Milks, etc.

1959—18,008 sales realising £2,493 5s. 5d.

1958—16,238 sales realising £2,218 16s. 7½d.

DAY NURSERIES AND CHILD MINDERS

The day nursery at Gorse Hill Community Centre, which provides places for 25 children, was full up during the year and there was usually a waiting list of six children.

Priority is given to parents who require placement of their children for social reasons. Meals are provided by the nursery staff and a medical officer inspects the children and the premises weekly.

As has been stated previously, the premises are unsatisfactory but the demand for nursery places does not at this state warrant the provision of new premises.

The following table summarises the position of the Local Health Authority nursery:—

	Number of Nurseries.	Number of approved places	Number of Children on the Register at the end of the year		Average daily attendance	
		0—5	0—2	2—5	0—2	2—5
Nurseries maintained by the Council	1	25	5	20	3	11

During the year two persons have registered as child minders, one caring for 26 children and the other for 20 children between the ages of 3 and 5 years for mornings only. In both instances these homes are most satisfactory and there is a waiting list for placement.

MIDWIFERY

During the year we had our full establishment of eleven domiciliary midwives, nine of whom are approved as teachers of pupil midwives. Eight pupils from Swindon Maternity Hospital and nine from Bradford-on-Avon Maternity Hospital completed their district training during the year.

There are no private domiciliary midwives practising in Swindon.

When Priory Road clinic became available midwives booking clinics were held there and now the midwives hold booking clinics in the town as follows:—

81 Bath Road	...	2nd and 4th Wednesdays in the month at 6 p.m.
Pinehurst Clinic	...	1st and 3rd Thursdays in the month at 2 p.m.
Penhill Clinic	...	1st and 3rd Wednesdays in the month at 2 p.m.
Priory Road Clinic	...	1st and 3rd Tuesdays in the month at 6 p.m.

Local Health Authority Ante-Natal Clinics are held at 81 Bath Road on Mondays and Fridays, and at Pinehurst Clinic on Fridays, and are staffed by domiciliary midwives. The Friday morning clinic at Bath Road is for mothers who expect to go to Wroughton R.A.F. Hospital for confinement.

In two instances domiciliary midwives attend ante-natal clinics run by general practitioners in this district.

Last year I was able to report some lessening of the pressure on the Swindon Hospital and Domiciliary Maternity Services by the opening of the Wroughton R.A.F. Hospital to civilians. By the end of the year it became obvious that during the spring of 1960 the bookings then in hand would strain all the resources to the full. It is likely that the intake of families under the Borough expansion scheme will continue for a number of years yet and if the birth rate continues at its present level then it is obvious that the provision of further maternity beds will become an urgent necessity in the very near future.

In November 1959 the only private maternity home in Swindon—the Cheriton Nursing Home—ceased to take maternity cases. In previous years this home accommodated an average of about 100 maternity cases per year, so its closure will throw an additional load on the existing services.

Considering the scarcity of maternity beds it is the good relationship which exists between the hospital and domiciliary services which allows the service to run smoothly although under pressure.

During 1960 there was a total of 1,876 live births and 37 stillbirths in Swindon, of which 1,735 live births and 29 stillbirths were attributable to the town. Of this number the domiciliary births numbered 788 live births and 4 stillbirths.

In accordance with the provisions of the Midwives Act 1951, medical aid was summoned in 89 instances during the year.

ADMINISTRATION OF ANALGESIA

All the domiciliary midwives employed by the Local Health Authority in Swindon are qualified and equipped to administer gas and air and trilene analgesia.

The following table shows that trilene has almost completely superseded gas and air analgesia and is preferred by both patients and midwives.

		<i>Acting as Midwives</i>	<i>Acting as Maternity Nurses</i>
Gas and Air	...	5	—
Trilene	...	627	31
		—	—
Total	...	632	31
		—	—

This means that of a total of 792 domiciliary births, analgesia was administered in 663 cases.

	Number of Deliveries attended by Midwives in the Area during the Year					
	Domiciliary Cases					Cases in Institutions
	Doctor not booked		Doctor booked		Totals	
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child		
(a) Midwives employed by the Authority	—	2	47	737	786	—
(b) Midwives employed by voluntary organisations:—						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	—	—	—
(ii) Otherwise (including hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—	—	—
(c) Midwives employed by hospital management committees or Boards of Governors under the National Health Service Act ...	—	—	—	—	—	1,015
(d) Midwives in private practice (including midwives employed in nursing homes)	—	—	—	—	—	93

CARE OF EXPECTANT AND NURSING MOTHERS

ANTE- AND POST-NATAL CLINICS

Clinics at which a doctor is in attendance are held weekly as follows:—

Beech Avenue ...	Fridays ...	1.30 p.m. to 4 p.m.
Bath Road ...	Mondays ...	1.30 p.m. to 4 p.m.
Bath Road ...	Fridays ...	9.30 a.m. to 12 noon

	1958	1959
Number of women who attended these clinics during the period ...	696	703
Number of attendances made during the period	2,549	3,349

CARE OF PREMATURE INFANTS

A premature baby unit is maintained at Kingshill Maternity Hospital and there are also facilities for the care of premature babies in Wroughton R.A.F. Hospital.

When a premature baby is born at home it is our practice to admit mother and child to the Maternity Hospital, except where it is considered there is no risk in nursing them at home.

It will be seen from the table given below that all the premature babies born at home survived the first month of life. Of the 92 premature babies born in hospital 9 died within 24 hours of birth and 9 died during the first month.

Compared with last year, when of 135 premature babies born 28 died during the first month of life, this year's record is much more satisfactory.

Number of premature babies born—					1958	1959
(i)	At home	...	...	...	34	19
(ii)	In hospital or nursing home.	...	...	...	101	92
Number who died during the first 24 hours—						
(i)	Born at home	...	...	...	—	—
(ii)	Born in hospital or nursing home	...	...	...	15	9
Number who survived at end of one month—						
(i)	Born at home	...	...	...	33	19
(ii)	Born in hospital or nursing home	...	...	...	72	74

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

On 5th January, 1959, we were fortunate enough to recruit a whole-time dental officer to augment the seven sessions per week given by two part-time dental officers, one of whom is an assistant county dental officer normally working in the Swindon area. One of the part-time dental officers terminated his services on 3rd October, 1959, but in December another dental officer was recruited for four sessions per week. Thus although we were vastly below our requirements of dental officer time the position was an improvement on the previous year and the numbers treated rose accordingly, as follows:—

				<i>Examined</i>		<i>Treated</i>	
				1958	1959	1958	1959
Expectant and nursing mothers	...	...	...	(8)	104	(8)	81
Children under school age	...	...	...	(36)	217	(18)	192

HOME NURSING

During the previous years it was noted that the demand for domiciliary nurses did not rise in proportion to the increase in population. The obvious reason for this is that the vast majority of families coming into the town are young, whereas it is the older people who require more home nursing.

Thus the establishment of home nurses was retained at eight during the year and although the total number of visits paid by these nurses increased by 400 during the year they were able to absorb this number.

The following table summarises the type and number of cases to which the domiciliary nurses were called during the year:—

							<i>No. of cases</i>
Respiratory diseases (excluding tuberculosis)	...	...	...	...	...	...	244
Digestive diseases	...	...	...	...	...	...	69
Heart and Arteries	...	...	...	...	...	...	77
Veins and other circulatory diseases	...	...	...	...	...	...	156
Genito-urinary	...	...	...	...	...	...	50
Skin	...	...	...	...	...	...	38
Ear, Eye and other sense organs	...	...	...	...	...	...	28
Cancer (and other neoplasms)	...	...	...	...	...	...	38
Cerebral lesions of vascular origin	...	...	...	...	...	...	50
Infections and parasitic diseases	...	...	...	...	...	...	127
Diabetes	...	...	...	...	...	...	26
Injuries	...	...	...	...	...	...	22
Tuberculosis	...	...	...	...	...	...	10
Bones and organs of movement (mainly rheumatism)	...	...	...	...	...	...	25
Pregnancy	...	...	...	...	...	...	38
Mental and other nervous diseases	...	...	...	...	...	...	13
Other diseases or ill defined	...	...	...	...	...	...	407
Preparation for X-ray examination	...	...	...	...	...	...	36

Total number of cases in respect of which 23,601 visits were made

1,454

MEDICAL LOAN APPLIANCES

A large range of nursing and invalid aid appliances is maintained at the Health Centre and is available on loan when required. A small loan charge is levied for such appliances.

The table below shows how much use is made of these appliances:—

STATEMENT OF MEDICAL LOAN APPLIANCES ISSUED

Appliance	Number issued on Payment (New Issues)		Number Issued on Free Loan (New Issues)	
	1959	1958	1959	1958
Bed Pans (including 5 rubber pans) ...	608	698	—	3
Waterproof Sheets	582	631	—	2
Air Rings	50	84	—	—
Bed Rests	53	69	—	—
Invalid Chairs	26	33	—	—
Urinals	21	23	—	—
Bed Cradles	15	13	1	1
Sick Feeders	9	9	—	—
Crutches (pairs)	1	5	1	1
Bed Slippers	8	5	—	—
Air Beds	2	2	—	—
Commodes	2	2	—	—
Bed Tables	2	2	—	—
Walking Sticks	4	2	—	—
Diabetic Spring Balances	2	—	—	—
Steam Kettles	—	—	—	—
Inhalers	—	—	—	—
Guthrie Smith Chair	—	—	—	1
Dunlopillo Mattresses	3	—	—	—

	£	s.	d.
Hire payments received on appliances during the year ended 31.12.1958 ...	93	18	3
Hire payments received on appliances during the year ended 31.12.1959 ...	88	8	9

PREVENTION, CARE AND AFTER-CARE

The scheme for prevention, care and after-care in Swindon is similar to that for the County as a whole.

During the year convalescent or recuperative holidays were provided for nine as compared with 12 in 1958.

Other provisions under this heading are referred to in other parts of the report.

VACCINATION AND IMMUNISATION

Facilities for diphtheria and whooping cough immunisation and smallpox vaccination are available at all child welfare clinics. In addition, special immunisation clinics are held whenever the number of requests justifies holding one.

Similar facilities are also available to parents through their family doctors.

The acceptance rate for these procedures is much below what is desired. Although all parents are circularised when their children reach the appropriate age and publicity is given by means of newspaper advertisements and posters and handbills, the response is still poor. I feel that more parents are persuaded to have their children protected as a result of a personal talk with the health visitor rather than by reading literature. Here again our shortage of health visitors may well be an important factor in this low acceptance rate.

Another factor which tends to lower the acceptance rate is the multiplicity of injections which our "pin cushion" babies have to undergo. Not only do they have to be vaccinated against smallpox, but they have to have a series of injections to immunise them against diphtheria, whooping cough and tetanus and poliomyelitis, and these have to be followed by "booster doses" of these vaccines.

Any measure which could reduce the number of injections would not only be appreciated by parents and their children but would reduce the time and cost of these procedures.

To this end certain pharmaceutical firms have been working to produce a vaccine which would combine protection against diphtheria, whooping cough, tetanus and poliomyelitis. During June a batch of this vaccine was made available for Swindon, and with co-operation between the hospital paediatrician and the L.H.A. Services a special clinic was started in the Health Centre to test this vaccine. An appeal was made to parents whose children were of the right age group to consent to this new type of vaccine being used and another group to acting as controls for injection with poliomyelitis vaccine alone. It says much for the good sense and pioneering spirit of these Swindon parents that when the whole procedure was explained to them a sufficient number of volunteers was quickly recruited. In fact these parents rightly deserve the gratitude of the whole community.

It is necessary in these children to have samples of blood before and after the quadruple or poliomyelitis vaccination to assess the reaction to it.

As the whole procedure occupies four months the results of this work will not be available until some time in the spring of 1960.

The following table summarises the vaccination and immunisation carried out during the year:—

VACCINATION

	Under 1 year	1 to 4 years	5 to 14 years	15 years and over	Total
Primary Vaccination	778	81	38	35	932
Re-Vaccination	—	8	8	109	125
TOTALS	778	89	46	144	1,057

IMMUNISATION

	<i>Local Health Authority</i>	<i>General Practitioner</i>
<i>Diphtheria alone:</i>		
Number of children who have completed course	56	48
Number of children given boosters	215	69
<i>Whooping Cough alone:</i>		
Number of children who have completed course	4	14
<i>Diphtheria and Whooping Cough combined:</i>		
Number of children who have completed course	650	629
Number of children given boosters	35	66

B.C.G. VACCINATION

On 30th April, 1959, the Ministry of Health circular 7/59 extended the scheme for B.C.G. vaccination against tuberculosis to school children and other special classes of person.

During the year the acceptance rate for this procedure rose to 56%, as compared with 51% in 1958.

Swindon is still acting as a control centre for the freeze dried vaccine, and the results of all vaccination procedure are sent to the Director of the B.C.G. Control Scheme.

The following summarises the position for the current year:—

Number of children given initial tuberculin test ...	708	
Number of positive reactors	139	19.64 %
Number of negative reactors	569	
Number of children vaccinated	569	80.36 %

POLIOMYELITIS VACCINATION

In September, 1958, poliomyelitis vaccination was offered to persons between the ages of six months and 25 years and to certain other special groups.

The response to this offer was regrettably low, so during the year arrangements were made with the major employers of labour in the town to vaccinate their employees at their places of work. I am happy to report that the co-operation received from the employers was excellent and the response from the employees was much better than expected. In the Railway Works the vaccination was carried out by one of their medical officers on a sessional basis, and in other factories and offices by the L.H.A. staff. In all over 6,500 injections were given at work to approximately 2,300 people.

Local practitioners also responded very well to the task of vaccinating their patients and in all the fees paid to them at the rate of 5s. 0d. per completed vaccination was £2,336. This was much higher than was budgeted for and a supplementary estimate had to be voted to meet the cost.

Special clinics were also arranged in L.H.A. clinic premises and were held in the evenings and Saturday mornings for the convenience of those in employment. All those clinics were run on an appointment system as opposed to an "open clinic" and the number of defaulters was surprisingly low.

As might be expected, the work involved in these arrangements was very considerable, and I would here like to pay tribute to the medical, nursing and clerical staff for their unselfish response to the challenge.

The following statement summarises the position at the end of the year:—

Total number of persons vaccinated with two injections during 1959:—

<i>Age Groups:</i>					
1943-1959	...	7,051			
1933-1942	...	8,512			
Expectant Mothers		398			
Others	...	20	Total	...	15,981
Total number of persons vaccinated with a third injection during 1959					10,488
Total number of persons vaccinated with two injections since the commencement of the scheme					23,194
Total number of persons vaccinated with a third injection since the commencement of the scheme					12,917

CARE OF OLD PEOPLE

During the year there has been no major development in schemes for the care of old people. Each year the demands for domestic help for old people increase and we have been able to supply some help to every needy case. There is no doubt that many of these elderly people require more help than we can supply, but every case is judged on its merits and help is given up to the limit of our financial resources.

Undoubtedly there is urgent need for more hospital beds for old people in this area, and it is often only by straining our domiciliary services to the limit that we are able to afford a modicum of the care needed to those awaiting hospital admission.

Our health visitors try as far as the limited staff allows to pay regular visits to old people who have been brought to our notice as needing help. In this respect we must pay tribute to the work of the street visitors from the Old People's Welfare Committee who regularly notify us of cases requiring our services.

EVENING AND NIGHT ATTENDANCE SERVICE

The scheme for the provision of evening and night attendance service was introduced by the L.H.A. in November, 1958.

The demands for this service are surprisingly low, but when they do come it is generally to meet an emergency. In these circumstances it has proved very difficult to retain a panel of persons willing to undertake such work. I feel quite sure that if regular employment was available we could recruit staff. When the calls are so few and far between and then asked for at a moment's notice it is difficult to find one willing to undertake the work. However, often after considerable effort we have been able to supply a night attendant on each of the eight occasions on which one was asked for.

In addition one evening attendant was supplied to one case twice weekly for nine weeks.

CHIROPODY

A chiropody service for old people, organised by the Old People's Welfare Committee, has been in operation in Swindon for some years.

Now the Minister has given Local Health Authorities power under Section 28 of the N.H.S. Act, 1946, to organise a chiropody service. The service is intended in the first instance for the elderly, physically handicapped and expectant mothers.

Under the County Council's scheme it has been proposed that during 1960 the chiropodist employed in the hospital service and housed in the Health Centre should be taken over by the L.H.A. Negotiations to this effect are at present taking place and it is likely that the change will come into effect next summer.

DOMESTIC HELP SERVICE

The sum allocated for the domestic help service during the financial year 1959-60 was £18,165, an increase of £1,765 over last year.

Only 28 domestic helps are employed whole-time—the remainder doing part-time work. The number employed at any one time depends on the demand for the service and the money available. Naturally the demand for the service is greater during the winter months and during epidemics. As the domestic helps are regularly employed part-time workers they do qualify for sickness payment and the sickness rate among them is greatest when the demand for the service is at its peak. It will be seen from the table given below that during the year the time lost through sickness was 8,145 hours—about 8% of the total time given. This is a matter of some concern as the time lost through sickness cannot be estimated and cannot be made up to those receiving the service within the budget estimate.

During the year three short courses of five lectures each were arranged by the Household Arts Section of the Further Education Organisation for our domestic helps. Thirty-seven of the regular home helps attended these courses during their own time. The instruction dealt with simple household management and the Medical Officer of Health gave a talk on the administration and organisation of the service. Should the demand warrant it, further such courses will be repeated in the future.

During the year two problem families were given special domestic help. In spite of the additional pay given to the helps doing this work it is exceedingly difficult to get recruits for it. With the established problem family the work is uncongenial, little co-operation is received and the help usually asks to be relieved of this unrewarding task after a few weeks.

Two hundred and three hours were given to problem families.

A summary of the work of the Domestic Help Service during the year is given below:—

	1959	1958
Number of domestic helps on books at the end of the year	79	90
Number of householders helped during the year:		
(a) Maternity cases	122	132
(b) Other cases	459	376
Number of hours of assistance provided during the year:		
(a) Maternity cases	9,239	9,604
(b) Other cases	95,127	82,250
TOTAL	104,366	91,854
Number of cases in which full fee was not charged ...	515	490
Number of hours lost during year through sickness ...	8,145	5,642

HEALTH CENTRE

In January, 1959, the large vacant office on the first floor was taken over by the County Mental Health Section. Plans are in hand for the necessary structural alterations required to convert this large room into three smaller offices, which will prove more convenient for private interviews.

The dental department, dispensary and offices have been redecorated during the year and the proposed plastering over the discoloured glazed tiles in the dental surgeries, which was referred to in the last report, has been carried out. This has proved successful and has enhanced the appearance of the dental department. It is hoped to treat the remainder of the tiled walls in the Health Centre in a similar way when opportunities occur.

A notable improvement to the appearance of the waiting hall was made by removing the protruding wooden partitions around the walls of the dispensary and by modernising the dispensing windows.

In June a special immunisation clinic was arranged using the Quadruple Prophylactic vaccine. This clinic is held weekly and is progressing satisfactorily.

For the first time for several years the dispensary was fully staffed, and 106,246 prescriptions were dispensed. This increase of 7,618 over the previous year's total is mainly attributable to the epidemic of mild influenza which made exceptionally heavy demands upon the dispensary in February, March and April.

Apart from a few changes among the manual workers, the Health Centre staff remained fairly constant throughout the year. A senior dental technician specialising in orthodontic appliances was appointed in December, and it will now be possible to deal with a greater proportion of the Orthodontist's requirements. A summary of the work carried out in the dental department during the year is given below.

DENTAL DEPARTMENT

Dental Surgeons	...	2	Dental Receptionists	1	
Dental Technicians	...	4	Dental Attendants	...	2

During the year 1959 there were 12,076 attendances for treatment, and the following work was carried out:—

Scalings and Gum Treatments	FILLINGS		Extractions	X-rays	DENTURES AND APPLIANCES	
	Amalgams	Plastic			Repairs and Relines	Manufactured
524	2,633	406	3,172	579	979	1,036

JAMES URQUHART,
Area Medical Officer.

Mental Health Services

(1) ADMINISTRATION

(a) Staff

Numerous examinations have been carried out by the medical officers in respect of the initial ascertainment of the mentally subnormal, the completion of application forms for vacancies in psychiatric hospitals, medical certificates when guardianship cases are due for reconsideration and annual medical reports on mentally subnormal patients under guardianship.

The Mental Health Supervising Officer and nine of the mental welfare officers are duly authorised to take proceedings under the Lunacy, Mental Treatment and Mental Deficiency Acts.

Appendix E shows the mental welfare officers and the areas for which they are responsible. During evenings, weekends and holidays, mental welfare officers are available in all areas. In the Salisbury district the officer on duty can be contacted through the Salisbury Ambulance Station (telephone Salisbury 2488) and in the Swindon district through the Health Centre, Swindon (telephone Swindon 2668). The Trowbridge-Devizes, etc., and Chippenham, etc., areas are combined and the officer on duty can be contacted through the Bradford-on-Avon Ambulance Station (telephone Bradford-on-Avon 2271). This means that a doctor wishing to arrange the urgent admission of a patient to hospital has no difficulty in contacting a mental welfare officer and prompt action can be taken at any time. The police are always helpful and ready to assist with difficult patients.

The following table shows the number of cases dealt with during and after normal office hours by the mental welfare officers and their deputies:—

	<i>During office hours</i>	<i>After office hours</i>	<i>Total</i>
Admitted to hospital	597	180	777
Other visits paid (including after care) ...	3,447	317	3,764
	<u>4,044</u>	<u>497</u>	<u>4,541</u>

The staffs of the four training centres for the mentally subnormal are also given at Appendix E.

(b) Co-ordination with Regional Hospital Boards

During the year 781 mentally ill patients living in Wiltshire were admitted to Roundway Hospital, Devizes, 282 from the Wiltshire catchment area of the Old Manor Hospital, Salisbury, were admitted to that hospital and 21 patients to other hospitals.

Out-County Admissions to the Old Manor Hospital, Salisbury

During 1959 twenty-nine out-County patients were admitted to the Old Manor Hospital under Section 20, of whom three were discharged. The following summary shows the further action taken by the mental welfare officers at Salisbury in respect of the remaining 26 patients:—

	Certified		Temporary		Voluntary		Informal		TOTAL
	M.	F.	M.	F.	M.	F.	M.	F.	
Transferred to:—									
Park Prewett Hospital, Basingstoke	—	—	—	—	—	1	—	1	2
Remained at:—									
The Old Manor Hospital, Salisbury	2	5	—	2	3	9	—	3	24
	<u>2</u>	<u>5</u>	<u>—</u>	<u>2</u>	<u>3</u>	<u>10</u>	<u>—</u>	<u>4</u>	<u>26</u>

Psychiatric out-patient clinics attended by the members of the staff of Roundway Hospital are held at Devizes, Swindon, Trowbridge and Chippenham. Similar clinics attended by the staff of the Knowle Mental Hospital Group are held at the Old Manor Hospital, and Salisbury General Hospital.

Psychiatric social workers employed by the hospital management committees supervise patients on trial or boarded out from psychiatric hospitals and assist with the after care of discharged patients on behalf of the local health authority.

During the year, 1,015 visits were made to patients who were referred for after-care on discharge from Roundway Hospital.

Selected patients discharged from the Old Manor Hospital, Salisbury, have been referred to the mental welfare officers in the Salisbury area, and 172 after-care visits were made during the year.

The good relationship with the hospitals serving Wiltshire in the Oxford, South Western and Wessex Regions has been maintained. As well as for the mentally ill, there is excellent co-operation in the care of the mentally sub-normal. Psychiatric social workers from Pewsey Hospital make enquiries before patients are placed on prolonged licence. Some of these patients are thereafter visited by the mental welfare officers, who also make periodic reports on patients living in Wiltshire who are on licence from other psychiatric hospitals. They have also made many reports on the home conditions of the mentally subnormal in hospital:—

- (1) when holidays or prolonged licence are being considered,
- (2) in respect of applications for the discharge of patients' orders under the Mental Deficiency Acts, and
- (3) when the renewal of orders is due for consideration by the Visitors under Section 11 of the Mental Deficiency Act, 1913.

(c) *Voluntary Visitors*

Reports on 20 mentally subnormal patients under supervision have been received at half-yearly intervals from 14 voluntary visitors who acted for the Wiltshire Voluntary Association for Mental Welfare until the implementation of the National Health Service Act, 1946.

(d) *Training of Staff*

A refresher course for teachers of the mentally handicapped held in London from the 23rd to the 31st July, 1959, was attended by the Supervisor of the Chippenham Training Centre.

(2) WORK UNDERTAKEN IN THE COMMUNITY

(a) *Section 28—National Health Service Act, 1946*

In accordance with Ministry of Health Circular 146/48, three discharged service patients were referred to the local health authority during 1959. At the end of the year four patients were still being visited.

(b) *Lunacy and Mental Treatment Acts, 1890-1930*

For the last six years the total number of cases dealt with by the duly authorised mental welfare officers was:—

1954	1955	1956	1957	1958	1959
552	613	639	766	815	777

The following is a summary of cases dealt with during 1959:—

Area	Certified			Temporary			Voluntary			Informal			Urgency Orders and Sections 20 and 21			Totals		Grand Totals
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	
Trowbridge, Devizes, etc., Warminster ...	—	1	1	—	—	—	38	54	92	10	8	18	15	37	52	63	100	163
Salisbury ...	1	1	2	—	—	—	29	39	68	5	7	12	38	40	78	73	87	160
Swindon ...	2	4	6	—	—	—	89	161	250	17	33	50	12	16	28	120	214	334
Chippenham ...	—	2	2	—	1	1	18	31	49	6	10	16	12	18	30	36	62	98
AREA TOTALS ...	3	8	11	—	1	1	174	285	459	38	58	96	77	111	188	292	463	755
Certified at Roundway Hospital ...	3	4	7													3	4	7
Certified at the Old Manor Hospital ...	8	5	13													8	5	13
Made Temporary Patients at the Old Manor Hospital...				1	1	2										1	1	2
Do. Roundway				—	—	—										—	—	—
GRAND TOTALS ...	14	17	31	1	2	3	174	285	459	38	58	96	77	111	188	304	473	777

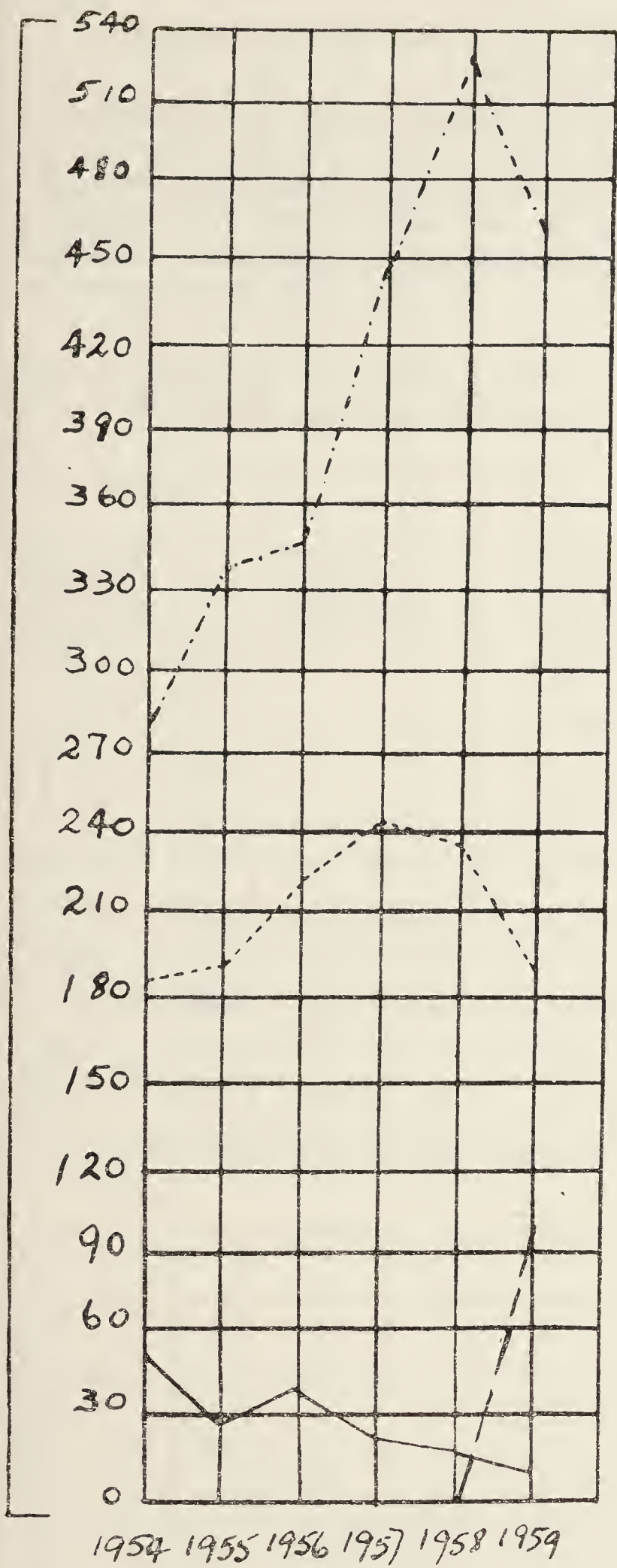
Of the 188 cases admitted under Sections 20 and 21 and on urgency orders, 139 were extended under Section 21a.

The following is a summary of the further disposal of patients admitted to Hospitals under urgency orders and Section 20 or Section 21:—

	M.	F.	Total	Percentage
Certified ...	9	6	15	7.97
Temporary patients ...	1	1	2	1.06
Voluntary patients ...	44	83	127	67.55
Informal ...	4	9	13	6.90
Discharged ...	15	10	25	13.33
Died ...	6	—	6	3.19
	79	109	188	

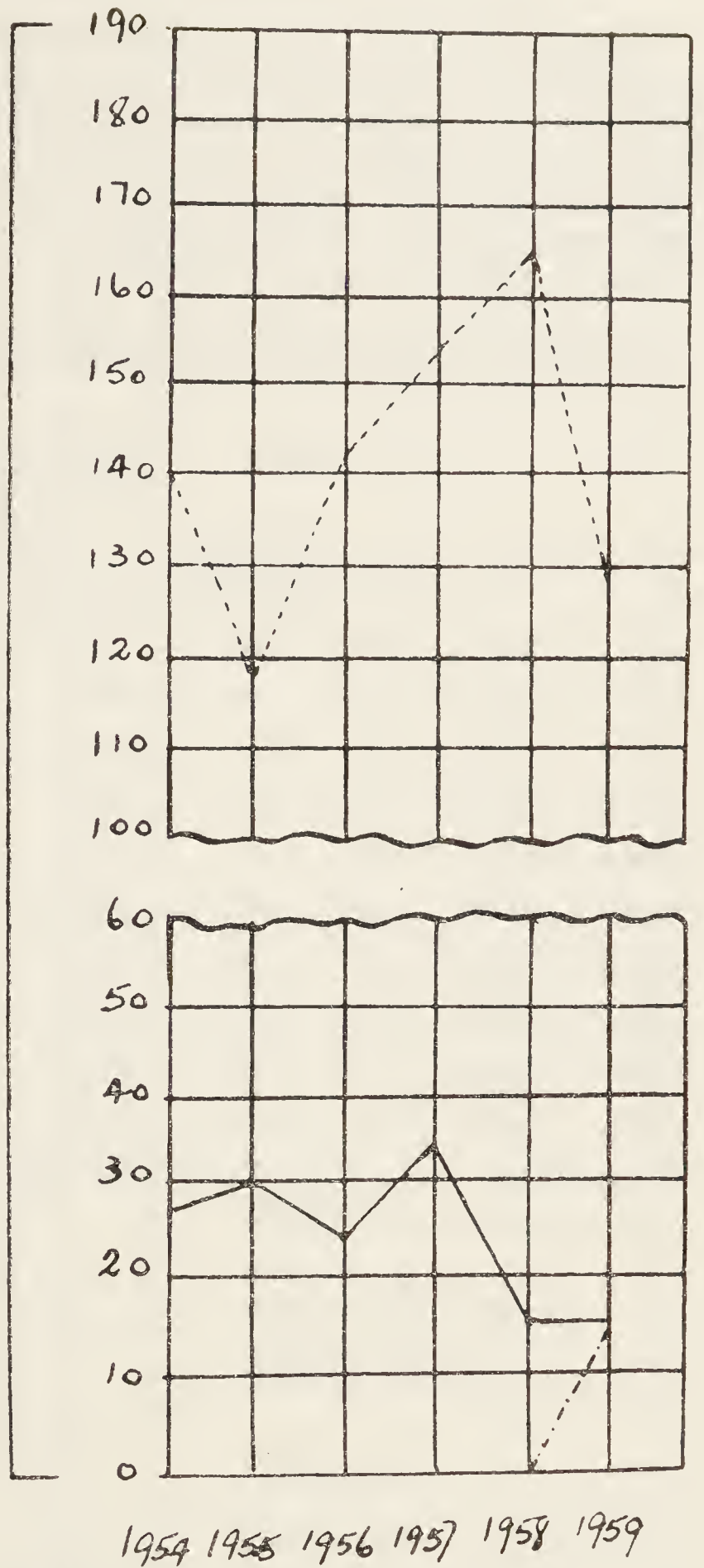
The following Graph (A) shows the types of hospital admissions arranged by the mental welfare officers over the past six years. The next Graph (B) shows Section 20 patients during the last six years who were subsequently certified or became voluntary or informal patients:—

GRAPH A



CERTIFIED _____
 SECTION 20 _____
 VOLUNTARY _____
 INFORMAL _____

GRAPH B



1954 1955 1956 1957 1958 1959
 SECTION 20 PATIENTS CERTIFIED

SECTION 20 PATIENTS BECOMING
 VOLUNTARY _____
 SECTION 20 PATIENTS BECOMING
 INFORMAL _____

TRANSFERS

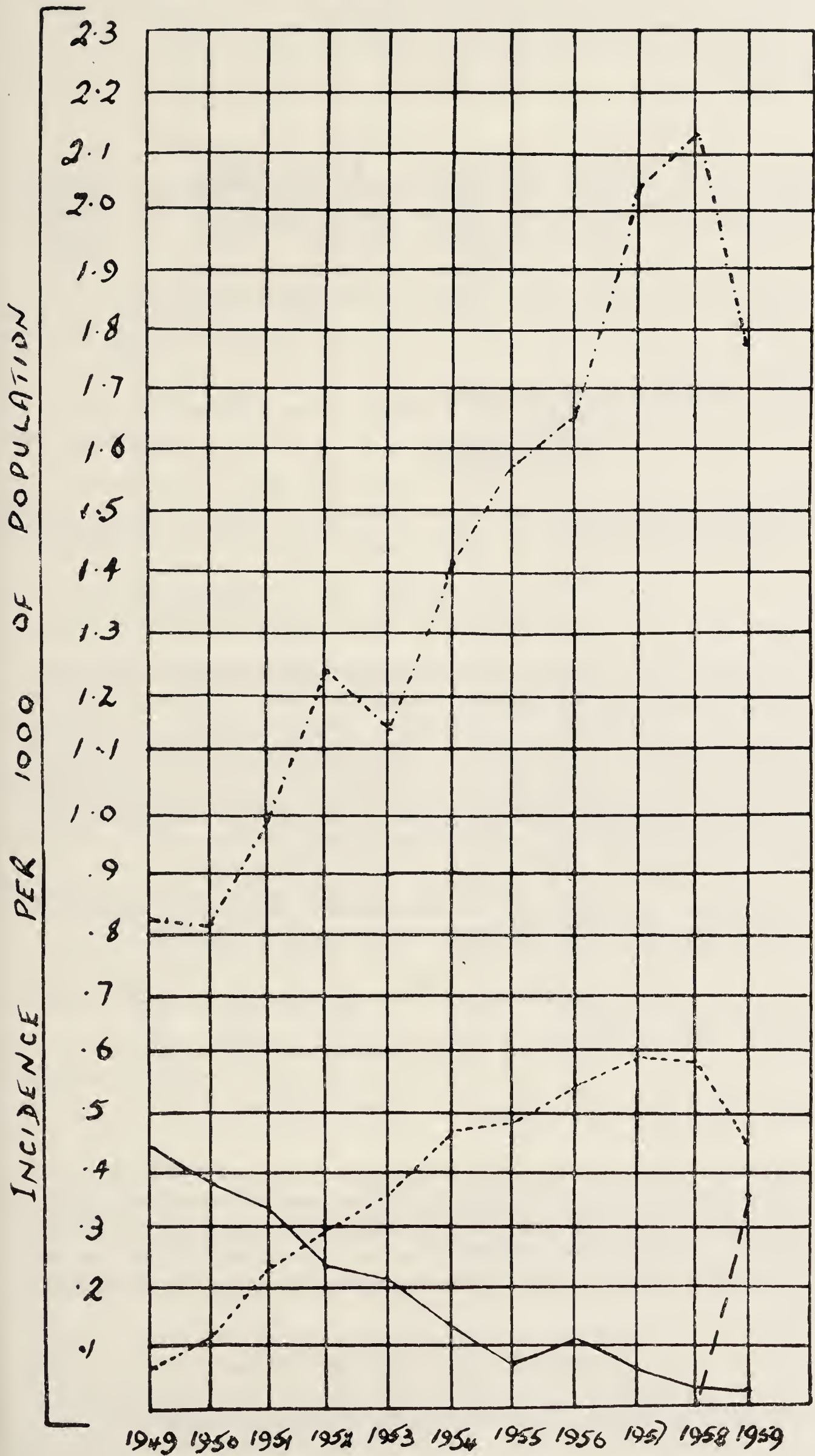
The following is a summary of the patients transferred by mental welfare officers:—

	M.	F.	Total.
From health service mental hospitals to health service mental hospitals	4	13	17

During the year nine relatives of service personnel or civilian Government employees serving overseas were evacuated by air to this country suffering from mental illness, and were admitted to psychiatric hospitals either direct from Lyneham aerodrome, or from the R.A.F. Hospital, Wroughton. One was admitted to Park Prewett Hospital, Basingstoke, and one to Tone Vale Hospital, Taunton, where they remained as voluntary patients. Seven were admitted to Roundway Hospital, one remaining as a voluntary patient, four being transferred to hospitals near their homes as voluntary patients and two discharged.

Comparisons are made in the following table and graph of the incidence of admissions of the mentally ill to psychiatric hospitals in relation to population over the past ten years:—

Year	Population	Certified		Sections 20 and 21 and Urgency orders		Voluntary		Informal		Totals	
		No.	Incidence per 1,000 of population	No.	Incidence per 1,000 of population	No.	Incidence per 1,000 of population	No.	Incidence per 1,000 of population	No.	Incidence per 1,000 of ppltn.
1950	381,860	149	.390	43	.113	311	.814			503	1.317
1951	392,400	135	.344	90	.229	390	.993			615	1.567
1952	388,500	89	.229	116	.298	484	1.246			689	1.773
1953	390,700	85	.218	148	.378	442	1.131			675	1.727
1954	394,800	49	.124	186	.471	559	1.415			794	2.010
1955	397,500	30	.075	191	.480	626	1.575			847	2.130
1956	402,800	41	.102	218	.541	664	1.647			923	2.290
1957	405,300	20	.049	241	.594	837	2.065			1,098	2.709
1958	406,300	15	.037	237	.583	865	2.129			1,117	2.749
1959	412,000	11	.026	188	.456	729	1.77	150	.364	1,078	2.616



Certified _____

Sections 20 & 21 and
Urgency Orders - - - - -

Voluntary

Informal - - - - -

The number of mentally ill admitted to psychiatric hospitals shows a slight decrease compared with the previous two years, despite an increase in the population. This decrease is hardly sufficient to warrant comment but it may be that a peak figure has been reached.

(c) *Mental Deficiency Acts, 1913-1938*

(i) *Ascertainment*

During the year 142 new patients were reported. Of these 68 were regarded as not "subject to be dealt with" and placed under friendly supervision, and action in respect of eight was incomplete at the end of the year.

The remaining 66 found "subject to be dealt with" were in the following groups:—

	M.	F.	Total
Notified under the Education Act, 1944.			
Section 57 (3)—Incapable of receiving education at school ...	7	6	13
Section 57 (5)—Requiring supervision on leaving:—			
Special Schools ...	4	—	4
Ordinary Schools ...	—	—	—
Reported from Other sources:			
(a) Transferred from other counties	12	4	16
(b) Representation from parent or guardian	15	11	26
(c) Police and Courts	6	1	7
	44	22	66

Of the above, three cases were notified under Section 57(3) and two under Section 57(5) of the Education Act, 1944, by the Borough of Swindon Excepted District.

Forty-one mentally sub-normal persons were admitted to psychiatric hospitals during the year, six at the instance of their parents under Section 3 of the principal Act, four by the Courts under Section 8(1)(b) of the Act, and two petitions were presented in accordance with Section 6, two were admitted by varying order from guardianship, and 27 informally.

The following is a summary of Wiltshire mentally sub normal patients detained in psychiatric hospitals, on licence therefrom or who were awaiting admission at the end of the year:—

	M.	F.	Total.
Detained in hospitals (excluding those on licence)	348	343	691
On licence from hospitals	19	14	33
Awaiting vacancies	32	25	57

Of those awaiting admission 36 were regarded as urgent.

Of the mentally sub-normal patients detained in psychiatric hospitals, 11 died during the year. Of the 38 who were discharged, 25 were placed under informal supervision and three under statutory supervision, eight went to other counties, a varying order was obtained in respect of one patient who was transferred to guardianship, and one was transferred to an out-county blind hospital. During the year the status of 55 certified mentally sub-normal patients detained in psychiatric hospitals was changed to informal.

Thirty-eight patients were admitted to psychiatric hospitals during the year for temporary periods (under the provision of Ministry of Health Circular 5/52), but four of these remained under Section 3 of the Act, and two remained informally. This short-term care has continued to be of great value in an emergency such as illness of the mother, or where both parents are in need of a holiday or a rest from caring for the patient.

(ii) *Guardianship*

Information regarding mentally sub-normal patients under guardianship is set out in the following table:—

Patients under Guardianship at 31.12.58			New Cases placed under Guardianship			Varying Orders																		Patients under Guardianship at 31.12.59		
						Transferred to Guardianship from Psychiatric Hospitals			Transferred to Psychiatric Hospitals from Guardianship			Transferred to new Guardian														
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
15	22	37	—	1	1	1	—	1	1	1	2	1	1	2	—	—	—	—	—	—	1	1	2	15	22	37

The two patients were admitted temporarily on licence to psychiatric hospitals mainly to help the guardians.

In January, 1958, Ministry of Health Circular No. 2/58 was received asking local health authorities to review all patients under guardianship. Twelve patients were reviewed in 1959 and deferred for further consideration after periods varying between one and two years.

During the year two new patients were placed under guardianship, one of whom was transferred from a psychiatric hospital, and two patients were admitted to psychiatric hospitals.

Under Article 76 of the Mental Deficiency Regulations, 1948, the local health authority have to arrange visits to these patients at least once in each year by one of the medical officers, a medical practitioner with experience in mental subnormality, and at intervals of not more than six months by one of the mental welfare officers. The medical officers have seen these patients during 1959 and have entered in the guardianship book kept by each guardian, particulars of each patient's mental and physical condition with any other observations thought necessary. The mental welfare officers have seen these patients where possible at about three monthly intervals and more frequently where it has been desirable for any particular reason, and on each visit have entered in the guardianship book particulars of the patient's progress, circumstances and care.

The Wiltshire patients under guardianship outside the County have been visited for these purposes on our behalf by officers for the area in which they live and we have reciprocated by visiting other authorities' cases living in Wiltshire.

The majority of the patients under guardianship receive financial assistance from the National Assistance Board, although additional help has been given to some by the local health authority making grants towards clothing.

(iii) *Supervision*

At the end of the year 545 mentally sub-normal patients were under statutory supervision. During the year 83 were subject to the biennial review instituted eight years ago and, as a result of this review, nine were transferred to informal supervision and four were removed completely from the supervision list. Four other patients were transferred to informal supervision and four removed from the list, although not actually due for review. Three patients died and 14 moved from the area. One patient was admitted to a psychiatric hospital for the mentally ill and one of the patients admitted to a similar hospital in 1958 is still there.

There were 412 patients under informal supervision at the end of the year and during the year 46 were removed from supervision and 11 moved from the area. Five patients married during the year.

These patients have been visited at six-monthly intervals as far as possible, or more frequently if necessary.

(iv) *Training*

At the end of the year 141 mentally sub-normal persons were attending the four Training Centres in the County.

The Centre at Chippenham is held daily at the Liberal Hall, Station Hill, from 9.30 a.m. to 3.30 p.m., and there were 13 males and 12 females on the register at the end of the year. Open days were held in March, July and December.

Swindon Centre continues at 81 Bath Road, and is open from 9.30 a.m. to 3.30 p.m. There were 14 males and 22 females on the register at the end of the year. As stated in previous reports, the present accommodation is most inadequate and the waiting list continues to grow. The new centre, which is to include an adult section, is now under construction. The Swindon branches of the W.V.S. and Townswomen's Guild continue to take an active interest in this centre. The W.V.S. provide escorts for the vehicles bringing the children to the centre and some of the members assist during emergencies and on special occasions.

The Centre at Salisbury is held daily at Exeter House, Exeter Street, from 9.30 a.m. to 3.30 p.m. There were 20 males and 20 females on the register at the end of the year. A Harvest Festival was held in September and Open Days in July and December.

The Centre at Trowbridge is held at the Zion Baptist Chapel Schoolroom from 9.30 a.m. to 3.30 p.m., and there were 25 males and 15 females on the register at the end of the year. The Harvest Festival was held in September. In December a Christmas concert was presented to the parents. In July permission was obtained to take the children to the playing field in Ashton Street on one day each week. The older boys also undertook the cultivation of a plot of land on the same field.

At each centre milk is supplied to those under 16 years of age, in accordance with the milk in schools scheme. By arrangement with the school meals service, hot mid-day meals are provided at a cost of 1/- a meal, the balance being paid by the local health authority. In certain cases of hardship meals are provided free or at half the normal rate.

Routine medical and dental examinations have been carried out at each centre.

The cost of transport continues to be one of the main problems in getting the mentally sub-normal into training centres and amounted to £6,129 in 1959. Provision of an additional £1,000 in the 1959/1960 Estimates enabled 13 more children to attend the Salisbury Centre and two more the Trowbridge Centre.

The original four centres covered the whole of the County with the exception of a gap extending roughly from Amesbury in the South to Marlborough in the North and the eastern boundary of the Borough of Devizes in the West. The most convenient centre to serve this area was Pewsey and for several years we have been looking for suitable accommodation, but without success. In 1958 a suggestion was made by a member of the House Committee of Pewsey Hospital that a combined training centre might be set up to serve both those living at home and also children who were in-patients at the Hospital. It was subsequently agreed in principle that a fair division of responsibility would be for the Hospital to provide the accommodation and for the County Council to provide the staff and equipment and to administer the centre.

An approach was made by Dr. Swinson, Physician Superintendent of Pewsey Hospital, to the Nuffield Provincial Hospital Trust, who most generously allocated £4,000 to meet the capital cost of erecting a hutted building to provide four classrooms with a small kitchen and toilet accommodation.

Work commenced on the centre in the late Summer of 1959, building was completed in December and it was arranged that the centre should open early in 1960. The centre is designed to accommodate 80 children in the proportion of 50 to 30 between the hospital and the local health authority

and will enable a number of children living in the community to receive training which we were unable to provide previously. It was also arranged that three children living in Marlborough, who previously attended the Swindon Training Centre, should be transferred to the Pewsey Centre, thus reducing the waiting list for the Swindon Centre. One boy living at Avebury and attending the Chippenham Centre was also transferred to Pewsey, thereby relieving his father of the trouble and expense of taking him to Calne to meet the transport.

(v) *Home Teaching*

Miss Bannister has continued with the home teaching scheme with her centre at Chippenham. Twenty-five mentally subnormal persons are receiving weekly lessons and five fortnightly lessons. These include basket making, stool weaving, embroidery, rug making, feltwork, etc. Teaching is given in speech training, sense training and musical movement with the aid of gramophone records. Group teaching is held at Corsham, Malmesbury and Swindon and has fulfilled a very real social need amongst the older persons.

Home teaching continues to serve a very useful purpose amongst children who are unable to attend a training centre and helps the parents considerably.

The Mental Welfare Officer at Pewsey also gives home teaching to six patients, but this is not a very satisfactory arrangement as often home teaching appointments have to be cancelled owing to the need to deal with urgent cases of mental illness.

In addition to the mentally subnormal attending training centres and receiving home teaching, there are still a number living in the community who, although suitable for attendance at training centres or for home teaching, are not within reach of either, but the numbers will be reduced during 1960 as additional money is being allowed for transport.

THE MENTAL HEALTH ACT, 1959

The Mental Health Bill, with slight amendment, became an Act of Parliament in July. The main provisions of the Bill mentioned in my 1958 Report were incorporated in the Act, but, up to the time of writing, the Minister of Health has not made an order bringing the Act into operation in full, but he has intimated that it is his intention that different dates will be appointed for different purposes of the Act.

On the 28th September, the Minister made an order bringing into operation, as from the 6th October, that part of the Act necessary to permit the informal admission of mentally ill patients to psychiatric hospitals.

On the 12th October, the Minister directed local health authorities to submit their proposals under Section 28 of the National Health Service Act, 1946, for the prevention of mental disorder and the care and after care of persons suffering from mental disorder.

Tuberculosis

The County Council is responsible for prevention, care and after-care. Diagnosis and treatment are the responsibility of the three regional hospital boards covering the County.

Under an approved arrangement the tuberculosis service in Wiltshire operates as one integrated whole under the direction of the consultant Chest Physician from his central office at County Hall. The chest physicians are employed jointly by the regional hospital boards and the County Council in accordance with the policy of the Ministry of Health. Integration in this way ensures co-ordination of the treatment, prevention and after-care aspects of the service for each regional hospital board area covered, and for Wiltshire as a whole.

NOTIFICATIONS AND DEATHS

The following table shows the number of formal primary notifications of respiratory and non-respiratory tuberculosis and the number of deaths from respiratory and non-respiratory tuberculosis from 1948 to 1959:—

Year	Respiratory Tuberculosis		Non-Respiratory Tuberculosis		Totals		Population
	Primary Notifications	Deaths	Primary Notifications	Deaths	Primary Notifications	Deaths	
1948	299	108	105	23	404	131	347,400
1949	315	91	111	12	426	103	350,600
1950	288	94	68	8	356	102	381,860
1951	316	68	87	10	403	78	392,400
1952	250	63	65	12	315	75	388,500
1953	329	41	49	10	378	51	390,700
1954	223	35	79	14	302	49	394,800
1955	212	31	38	1	250	32	397,500
1956	176	23	32	3	208	26	402,800
1957	203	36	39	5	242	41	405,300
1958	162	24	41	1	203	25	406,300
1959	113	19	35	2	148	21	412,000

NOTIFICATIONS

The 1959 primary notifications are analysed in the following table:—

	Age Groups													TOTAL
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Respiratory Males ...	—	—	1	4	—	6	8	12	10	12	11	5	2	71
Respiratory Females ...	—	—	2	—	3	3	5	9	12	3	1	2	2	42
Non-Respiratory Males ...	—	—	1	2	1	2	1	3	—	1	—	—	—	11
Non-Respiratory Females ...	—	—	1	1	2	1	3	6	2	3	4	—	1	24
TOTALS ...	—	—	5	7	6	12	17	30	24	19	16	7	5	148

In addition to the 148 primary notifications, information was received during the year of 64 other new cases of tuberculosis. Of these, 58 were transfers in from other counties. Twenty-one, or approximately one-third, were received in the Borough of Swindon. Three cases which were not notified during life were discovered from the death returns from the district registrars, and three cases were formally notified after death. In those cases where information regarding tuberculosis is not received until after death, investigation of the contacts is pursued in the same way as for those notified during life, with a view to tracing other infected cases and the possible source of infection.

The milk supplies in cases of non-respiratory tuberculosis were investigated, but no bovine infection of milk was proved during the year.

DEATHS

The number of deaths from tuberculosis continues to fall. During 1959 there were 21 deaths from tuberculosis, 19 respiratory and two non-respiratory, compared with a total of 25 in 1958. The deaths, distributed according to age groups, are shown in the following table:—

Age Group	Number of Deaths from—		Total Deaths
	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	
1—5	—	2	2
25—45	4	—	4
45—65	11	—	11
65—75	4	—	4
TOTALS ...	19	2	21

NOTIFICATION AND DEATH RATES

Notification Rate

There was a further drop in the notification rate for respiratory tuberculosis from 0.4 per thousand of the population in 1958 to 0.27 in 1959. Visits of the mass radiography units yielded only nine notifiable cases in 1959, whereas in the previous year, when there was much more extensive mass radiography in the County, 50 cases were discovered and notified. The notification rate may, therefore, rise in any subsequent year in which the Mass Radiography Service is used to a greater extent.

The level of notifications of non-respiratory tuberculosis fluctuates over the years, but the general downward trend seen during the last 10 years continues.

Death Rate

The decline in the death rate continued in 1959.

The corrected death rate for respiratory tuberculosis in 1959 was 0.046 per thousand of the population and for non-respiratory tuberculosis 0.004, giving a total of 0.05 for all forms of tuberculosis, compared with 0.062 in 1958.

The provisional death rate for England and Wales for all forms of tuberculosis in 1959 was 0.085 per thousand of the population, compared with 0.100 in 1958.

The tuberculosis death rate in Wiltshire is still below the national rate.

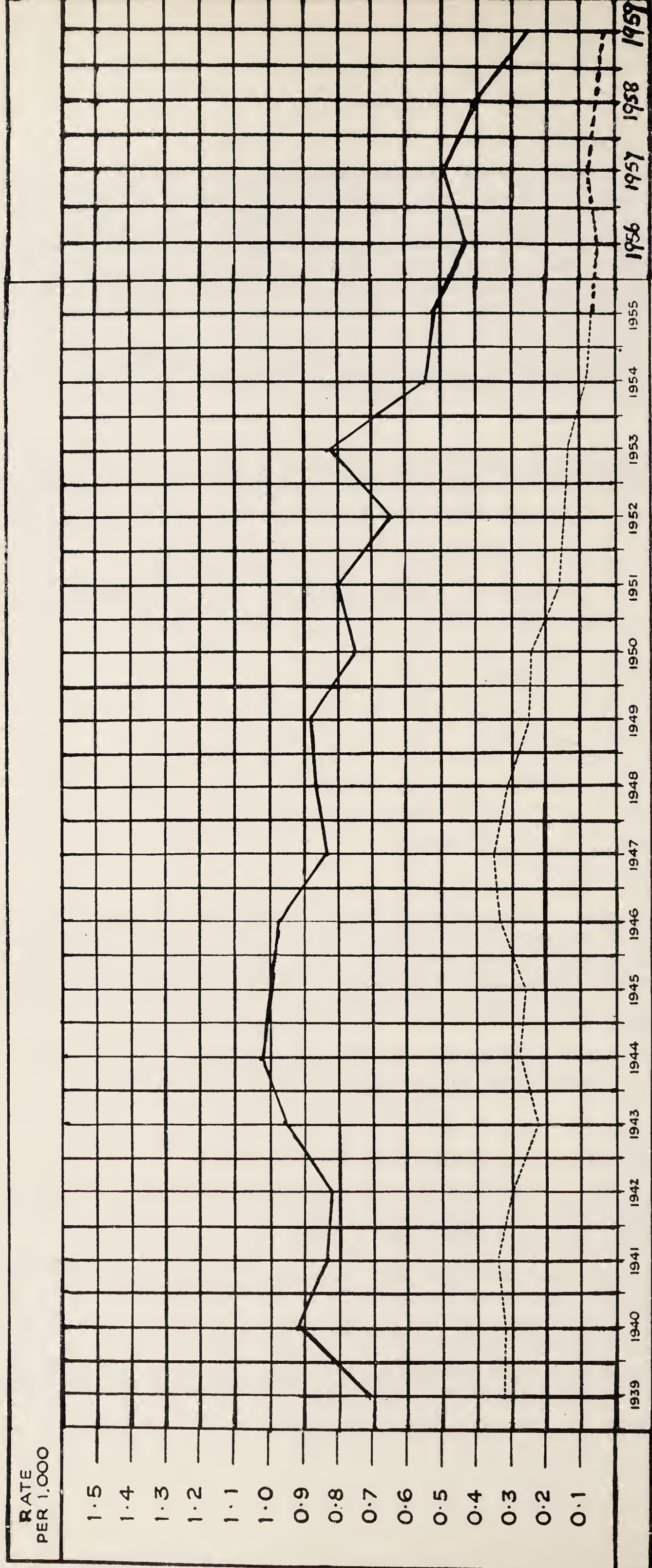
The decline in the notification and death rates may be viewed with satisfaction but not complacency. Mortality rates no longer indicate the problem from the public health point of view.

RESPIRATORY TUBERCULOSIS

NOTIFICATION AND DEATH RATES, 1939-1959

WILTSHIRE

—— Notification rate per 1,000 population.
 ----- Death rate per 1,000 population.



CASES OF TUBERCULOSIS REMAINING ON CLINIC REGISTERS

A slight decrease in the number of cases of respiratory tuberculosis and a slight increase in the number of non-respiratory cases remaining on the clinic registers under supervision at the end of the year will be noted from the following table. The decrease in the respiratory cases is partly due to a thorough review of the clinic registers during the year, when many cases who had been under supervision for arrested conditions for several years were written off as recovered. The increase in the non-respiratory cases is insignificant.

Up to and including 1957 the table shows the number of patients whose sputum was positive during the last six months of each year. Many were successfully treated by the modern drugs, and their condition was rendered non-infectious by the end of the year. From 1958 the table shows the number of patients at the end of the year whose sputum remained resistant to chemotherapy and who, therefore, remain infectious.

Year	Cases remaining on Clinic Register			Number of patients sputum positive during the last six months of the year	Visits paid by health visitors
	Respiratory	Non-Respiratory	Total		
1949	1,300	410	1,710	129	1,077
1950	1,416	434	1,850	132	1,091
1951	1,494	418	1,912	128	2,000
1952	1,481	320	1,801	98	1,350
1953	1,618	297	1,915	101	1,214
1954	1,687	302	1,989	88	1,270
1955	1,755	283	2,038	76	1,713
1956	1,882	280	2,162	57	1,738
1957	1,951	288	2,239	64	2,488
				Number of patients who remained sputum positive at the end of the year despite chemotherapy	
1958	2,020	277	2,297	30	2,187
1959	1,864	286	2,150	30	2,038

VISITING

Medical

Many domiciliary visits were made by the chest physicians to the homes of tuberculous patients who were unfit to attend the clinics, as well as many visits for the purpose of giving B.C.G. vaccination to newly-born children.

The chest physicians were also called in on numerous occasions by hospital consultants and general practitioners for an opinion on patients in hospital with suspected tuberculosis and non-tuberculous chest conditions, including carcinoma of the lung.

Nursing

The majority of tuberculous patients on the clinic registers are visited annually by the health visitors to ensure that all contacts attend the clinics and to bring to light any fresh contacts since

the previous visit who have not been examined, especially babies, as well as to ensure that care and after-care are provided for the patient.

These visits are made at approximately annual intervals, except in the case of sputum positive patients, who are seen more frequently, and are continued until the patient is considered to be recovered.

EXAMINATION OF CONTACTS

The special drive to follow-up as many contacts as possible is still yielding good results. It is encouraging to record that, although the number of new cases of tuberculosis notified in 1959 fell from 203 to 148, the number of new contacts examined rose from 856 to 901, resulting in the highest ratio that has yet been achieved in the County of new contacts examined per notified case of tuberculosis, namely 6.1.

The following analysis of the 901 new contacts examined during the year shows that 19 were found to have tuberculosis.

	M.	W.	C.	Total	Percentage
Diagnosed as Tuberculous	7	4	8	19	2.1
Non-Tuberculous	146	190	398	734	81.5
Investigation not completed by 31.12.59	62	42	44	148	16.4
TOTALS	215	236	450	901	100.0

At the request of the Ministry of Health the following table is given, and it is interesting that as many new contacts examined in 1959 were found to have tuberculosis as in the year 1949, emphasising again the need to follow-up all contacts at the chest clinics.

Year	Notifications	Contacts examined for first time in the year	New Contacts examined per notified case	New Contacts diagnosed as suffering from Tuberculosis (included in figures under Col. 2)	Percentage of new Contacts examined found to be tuberculous
1949	426	547	1.3	19	3.5
1950	356	635	1.8	43	6.8
1951	403	735	1.8	39	5.3
1952	315	781	2.5	31	4.0
1953	378	776	2.0	34	4.4
1954	307	726	2.4	19	2.6
1955	250	815	3.2	16	2.0
1956	208	907	4.4	26	2.9
1957	242	884	3.6	12	1.4
1958	203	856	4.2	11	1.3
1959	148	901	6.1	19	2.1

The above figures relate to contacts seen for the first time during each year, but it is known

that tuberculosis develops in contacts in subsequent years of clinic supervision, as the following table shows:—

Year	Contacts examined for first time in the year	Contacts found to be tuberculous in first year of supervision	Contacts found to be tuberculous although under supervision in many previous years (in some cases, 10 years or more)	Total of new and old contacts found to be tuberculous
1953	776	34	22	56
1954	726	19	17	36
1955	815	16	15	31
1956	907	26	23	49
1957	884	12	16	28
1958	856	11	14	25
1959	901	19	9	28

HOUSING

The district councils and their medical officers of health again gave valuable assistance in the provision of satisfactory housing accommodation for tuberculous patients. Certificates were supplied by the chest physicians in support of applications for 43 patients during the year. Forty-two patients were rehoused during the year, but this figure includes some whose applications were outstanding at the end of the previous year. The following is a summary of the position since 1949:—

Certificates issued since 1949	...	...	704	
Number of applications withdrawn	...	...	188	
Number of patients requiring rehousing			516	
Number rehoused	...	...	468	(91 %)
Number remaining to be rehoused at the end of 1959	...	...	48	(9 %)

GENERAL CARE AND AFTER-CARE WORK

Free milk was supplied to necessitous patients and destructible sputum cartons were available for those who needed them.

Many certificates were issued by the chest physicians in respect of patients who gave up work to undergo treatment for respiratory tuberculosis in support of their applications to the National Assistance Board for financial assistance. Financial allowances on a special scale are payable to tuberculous patients, and consideration is also given by the National Assistance Board to any additional needs such as extra bedding and clothes, and the allowances can be supplemented for this purpose if the patient's circumstances justify it. Payment of travelling expenses to hospital or clinic are also payable by the National Assistance Board to patients already in receipt of National Assistance.

The British Red Cross Society are always ready to help the tuberculous patient in any way possible.

DIVERSIONAL THERAPY

Continued assistance was given throughout the year by the British Red Cross Society visitors to tuberculous patients in their homes under the diversional therapy scheme. Handicraft materials

for making wool rugs, leather goods, embroidery work, wood and felt toys, etc., were supplied. A total of 200 patients have benefited from this scheme since it commenced, and at the end of the year 26 patients were participating.

CO-OPERATION WITH CHILDREN'S OFFICER

Many enquiries were received during the year from the Children's Officer in connection with persons who wished to adopt children legally, and prospective foster parents. If any of these persons are known to the chest physicians advice is given as to whether or not it would be wise for such persons to have the care of children.

TUBERCULOSIS IN SCHOOLS

School contacts of children found to have tuberculosis were investigated where necessary.

In one case, 37 of the school contacts were skin tested, but only two were found to have positive reactions, suggesting there was no infection at the school.

In another, 32 school contacts were skin tested, 10 of whom had positive reactions. Nine of these were investigated at the chest clinics, but no evidence of tuberculosis was found. The remaining child had left the County.

In a third case the child concerned was infectious. Ninety-eight school contacts were skin tested, of whom 51 had positive reactions. Forty-nine of these had chest X-rays, but no evidence of tuberculosis was found. The remaining two had left the County.

During the year 91 children who had very strong reactions following routine tuberculin testing at school were referred to the chest clinics, and some of these children are still under observation. No case of active tuberculosis, however, was discovered amongst them.

PROTECTION OF CHILDREN FROM TUBERCULOSIS

In accordance with the recommendations of the Joint Tuberculosis Council, as outlined in Ministry of Health Circular 64/50, entrants to the staff of the County Council whose work will bring them in close contact with groups of children are required to have a chest X-ray besides medical examination before their appointment is confirmed. This requirement was at first applied to staff at children's homes and day nurseries and school staff, but has now been extended to include health visitors and district nurses/midwives. During 1959 no applicant was rejected owing to an unsatisfactory chest X-ray. Appointments are offered to such staff for follow-up X-rays at approximately annual intervals by use of the mass radiography service whenever it is in the area.

SPECIAL CASE-FINDING SURVEY IN WHOLE OR PART OF THE AREA

No special action was taken under this heading apart from the routine visits of the mass radiography service, the commencement of a special chest X-ray service at Salisbury in the form of weekly visits by a mobile 100 m.m. Odelca Camera Unit, and investigation at schools, reports on which are given separately.

EMPLOYMENT OF TUBERCULOUS PATIENTS

Nowadays treatment consists largely of chemotherapy and some patients are able to continue their ordinary work while undergoing treatment. Others, however, still have to give up work partially or completely, and in these cases many enquiries regarding their fitness to return to part-time, full, light or medium work were received during the year from employers in industry, commerce, the civil service and Her Majesty's Forces, and with the patients' consent appropriate advice was given by the chest physicians.

REHABILITATION

Patients who are unable to return to their former occupation and cannot find fresh employment are provided for under various schemes of occupational training.

Those who require training only—and this group forms the majority—can be sent to industrial units organised by the Ministry of Labour, who pay allowances during the course of training. Liaison is maintained with the chest physicians, who submitted many reports on the suitability of selected patients for such training.

Patients who still require close medical supervision combined with occupational training can be admitted to special rehabilitation centres such as Enham Alamein, Hampshire. One Wiltshire patient received treatment and training at this centre during the year, but had not yet reached the stage of being able to undertake five hours work daily, so that the County Council were not responsible for any financial contribution towards his maintenance.

One other Wiltshire patient completed his third year under the “colonisation” scheme at Enham Alamein in August, 1959, when the County Council’s financial contributions ceased.

B.C.G. VACCINATION

The scheme for the vaccination of school children is reported separately (page 30).

B.C.G. vaccination is offered to contacts of tuberculous patients and to nursing and other hospital staff. The following table shows the number of vaccinations performed during 1959, and from the commencement of the scheme to the end of 1959:—

	1959		From commencement of scheme to 31.12.59	
	Number Vaccinated	Number who refused	Number Vaccinated	Number who refused
(a) Contacts	563	10	2,883	151
(b) Hospital Staffs	93	4	947	57
TOTALS	656	14	3,830	208

FOLLOW-UP AFTER B.C.G. VACCINATION

(a) *Contacts*. To ensure that immunity is maintained, contacts in the South Western and Wessex Regional Hospital Board areas of the County are re-tested during the third and fifth years after vaccination. In the Oxford Region new cases are re-tested in the third and fifth years, and cases vaccinated between 1950 and 1958 have an additional test in the eighth and tenth years in accordance with the special scheme in that area under the direction of Dr. K. Neville Irvine.

(b) *Hospital Staff*. All hospital staff vaccinated are re-tested annually over a period of five years. Those who leave the hospital service but remain in the County and who are willing to have the subsequent tests are also followed-up in this way.

TUBERCULOSIS VACCINES CLINICAL TRIALS

The clinical trial of B.C.G. and vole bacillus vaccines directed by the Tuberculosis Vaccines Clinical Trials Committee of the Medical Research Council was begun in England in 1950 and is still in progress. The investigation was designed to give reliable estimates of the degree and duration of the protection against tuberculosis afforded by B.C.G. and vole bacillus vaccination. The 56,700 participants consisted of children between the age of 14 and 15½ years who were initially free, both from active tuberculosis and from known contact with the disease at home, and who were tuberculin negative on entry.

The second report of the Tuberculosis Vaccines Clinical Trials Committee presents the results

after each participant had been in the trial for five years. Two of the main conclusions which have been reached are:—

(I) The proportion protected by B.C.G. vaccination in the tuberculin negative section of the population lies between 71 % and 90 %. With vole bacillus vaccination the proportion is between 73 % and 96 %.

(II) Both vaccines confer substantial protection against tuberculosis for five years. (Preliminary incomplete information beyond five years suggests that the protection has been maintained at a high level for at least $6\frac{1}{2}$ years.)

It is intended that this trial should continue until 1960 to provide information as to whether the degree of protection demonstrated for almost $6\frac{1}{2}$ years persists even longer.

MASS RADIOGRAPHY

The following table shows the work undertaken by routine visits of the mass radiography service during 1959. It will be noted that very few places were visited and that the total number X-rayed was 11,104, as compared with 45,459 in 1958.

Area served	Number X-rayed for first time	Number previously X-rayed	TOTAL	Number referred to Chest Physicians
Holt	68	149	217	Nil
Bradford-on-Avon	266	841	1,107	5
Melksham	552	2,460	3,012	16
Chippenham	785	5,031	5,816	6
Malmesbury	204	748	952	2
TOTALS	1,875	9,229	11,104	29

An analysis of the conditions found in the 29 cases referred to the chest physicians for further investigation is as follows:—

Active Respiratory Tuberculosis	...	...	...	3
Inactive Respiratory Tuberculosis	...	...	...	9
Carcinoma of Bronchus	...	...	...	Nil
Other non-tuberculous chest conditions	...	...	...	10
Nothing abnormal detected	...	...	...	3
For observation	...	...	...	4
				—
				29
				—

The discovery rate of persons found to have active respiratory tuberculosis was 0.27 per thousand X-rayed. In 1957 and 1958 it was 0.91 and 1.10 respectively.

Including those found to have inactive respiratory tuberculosis, the combined discovery rate was 1.1 per thousand X-rayed. In 1957 and 1958 it was 2.08 and 2.06 respectively.

In April, 1959, arrangements were made for a special mobile 100 m.m. Odelca Camera Unit to visit Salisbury at regular weekly intervals. The main purpose of this Unit is to deal with patients specially referred by general practitioners and medical officers. Experience has shown that this is one of the most fruitful fields of tuberculosis case-finding. The arrangement commenced on an experimental basis, but the following figures and discovery rates would appear to justify the

continuance of this service. A total of 529 persons were X-rayed, of whom 31 were referred to the chest physicians for further advice, with the following results:—

Active Respiratory Tuberculosis	...	...	...	6
Inactive Respiratory Tuberculosis	...	...	...	3
Carcinoma of Bronchus	...	...	...	6
Other non-tuberculous chest conditions	...	...	...	15
Nothing abnormal discovered	...	...	...	1
				<hr/> 31 <hr/>

The discovery rate of active cases of respiratory tuberculosis from this group was 11.3 per thousand X-rayed and 17 per thousand including the inactive cases.

The nine patients found to have active respiratory tuberculosis by the routine mass radiography visits and the special service at Salisbury were all admitted to hospital.

A proposal for a similar mobile X-ray unit to operate in the rural areas of north-east Wiltshire is still under consideration by the Oxford Regional Hospital Board.

CHEST CLINIC ATTENDANCES

Attendances at the six chest clinics during the year were as follows:—

Clinic	Men	Women	Children	TOTAL
Salisbury	2,153	1,872	1,193	5,218
Trowbridge	1,042	864	483	2,389
Swindon	3,431	2,622	1,515	7,568
Chippenham	975	814	557	2,346
Devizes	237	259	138	634
Savernake	106	108	46	260
TOTALS	7,944	6,539	3,932	18,415

In 1939 the total number of attendances of all patients at the Wiltshire chest clinics was 2,491. In 1949 the attendances rose to 10,913, but in 1959 they reached 18,415, the highest on record. These increases over the years have been due in a general way to the breaking-down of the stigma which was formerly attached to attendance at a "Tuberculosis Dispensary," to the full recognition of the chest physician by the medical practitioner, and to a better understanding by the public of the services available at chest clinics. In more recent years the increase is accounted for by the better prognosis, prolonged treatment by chemotherapy, concentrated follow-up of contacts, B.C.G. vaccination, and a larger number of non-tuberculous chest conditions referred to the clinics.

HOSPITAL TREATMENT

Admissions of patients to hospital for treatment of tuberculosis continues to fall, and the question of the number of hospital beds required for the treatment of tuberculosis and other chest cases is kept under constant review. No difficulty was experienced during the year in obtaining beds for tuberculosis and other chest illnesses. On 1st January, 1959, there were 71 patients under treatment in hospital. Two hundred and forty-three were admitted during the year, 229 discharged, leaving 85 under treatment on 31st December, 1959.

The main centres in Wiltshire for in-patient treatment of respiratory tuberculosis are Winsley

Chest Hospital, Harnwood Hospital, Salisbury, and Swindon Isolation Hospital. Occasional cases are admitted to the St. John's Hospital, Trowbridge, and Chippenham Isolation Hospital.

Surgical treatment is undertaken at Frenchay Hospital, Bristol, Southampton Chest Hospital and Peppard Chest Hospital, Oxon.

CONCLUSION

In reviewing the trend of tuberculosis in Wiltshire during 1959, a general improvement is apparent as compared with the previous year. New notifications of tuberculosis and deaths from tuberculosis continued to fall and there was a slight drop in the number of tuberculous patients remaining on the clinic registers at the end of the year. Admissions to hospital were fewer.

Although more non-tuberculous chest conditions are seen at the clinics than in former years, tuberculosis work in all its branches still accounts for 90% of the attendances and will form the major part of chest clinic work for many years to come. The increasing work of the chest clinic is evident in the record number of attendances in 1959.

The problem of sputum positive patients remains and tuberculosis organisms resistant to modern remedies may yet become an important public health problem.

In Wiltshire during 1959, 148 new cases of tuberculosis were notified; 109 required sanatorium treatment, 35 being infectious cases, and the total number of notified cases remaining on the clinic registers at the end of the year exceeded 2,000.

These figures alone show that although the control of tuberculosis becomes more effective the disease remains a serious problem and the local health authorities' responsibilities in connection with prevention and after-care will remain for many years before the disease is eradicated.

Miscellaneous Services

*CHRONIC SICK BEDS

During the year the Salisbury Group Hospital Management Committee referred 96 cases for investigation. In 42 priority of admission was recommended and in many of the remainder the patient was assisted with domestic help or home nursing.

*REGISTRATION OF NURSING HOMES

During 1959 no new application for registration was received. At the end of the year there were on the register seven homes in active use, providing 12 maternity and 89 other beds.

*NURSERIES AND CHILD MINDERS ACT, 1948

There is no nursery registered at present under this Act. Eight daily minders are registered, taking a maximum of 77 children in all.

*REGISTRATION OF NURSING CO-OPERATIONS

The registration of one co-operation was renewed, but no application was received for the re-registration of a second co-operation first registered the previous year.

REGISTRATION OF BLIND AND PARTIALLY-SIGHTED

During the year 136 reports were obtained. These related to patients:—

Newly certified as blind	116
Newly certified as partially-sighted	20

Of the 116 persons newly certified as blind, 57 were recommended treatment and, by the end of the year, 20 had received it. Of the remainder, one had died before treatment, two had refused it and 34 were awaiting treatment.

Of the 20 patients newly certified as partially-sighted, 10 were recommended treatment, and, by the end of the year, five had received it, whilst the remaining five were awaiting treatment.

The following table summarises the position in the form requested by the Ministry:—

A. *Registered Blind and Partially-Sighted Persons.*

	Cause of Disability			
	Cataract.	Glaucoma	Retrolental Fibroplasia	Other, e.g. senile macular degeneration, diabetic retinitis, high myopia, etc.
(i) Number of persons registered during the year in respect of which Section F.1 of Forms B.D. 8 recommends:—				
(a) No treatment	17	10	—	42
(b) Treatment (medical, surgical or optical) ...	30	6	—	31
(ii) Number of persons at (i) (b) above who on follow-up are found to have received treatment	7	5	—	13

*B. *Ophthalmia Neonatorum.*

Three notifications were made; vision was unimpaired in each instance.

[*Statistics in these sections exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]

EXAMINATION OF MEDICAL REPORTS

All reports on the medical examination of entrants to the County service, including the Fire Service and School Meals Service, are scrutinised and any points of doubt followed up with the doctor carrying out the examination and, in certain instances, specialist examinations arranged.

Consideration has also to be given to the medical circumstances of members of the staff absent on grounds of illness for long periods and, in certain cases, to the desirability for granting breakdown pensions.

Consideration is now being given to an increasing number of applicants for driving licences where some defect is indicated which might make them a danger to other road users should they be allowed to drive vehicles on the road. This entails detailed enquiries from the patient's own doctor and, again, a specialist examination is frequently necessary.

Details for 1959 are as follows:—

Number of medical examinations for entrants to the County Service	297
Number of medical examinations for entrants to the Fire Service	46
Number of medical examinations for permanent posts in the School Meals Service	69
Number of medical examinations for temporary posts in the School Meals Service	24
Number of medical examinations for fitness to return to food handling ...	22
Number of medical examinations in connection with prolonged illness or break-down pension... ..	23
Number of medical examinations arranged for other authorities	26
Number of investigations in connection with applications for driving licences...	29
TOTAL	536

Sanitary Circumstances of the County

WATER SUPPLY

Despite the exceptional dry summer of 1959 the underground water supply sources of the County held out satisfactorily and there were no serious complaints of water shortages or need for undue restrictions on consumers.

During the year 22 water schemes were submitted by rural district councils for the observations of the County Council as required by the Rural Water Supplies and Sewerage Acts, 1944-1955. In general these schemes were minor revisions and extensions of district schemes to cater for the ever increasing consumption mainly due to new building development.

At the end of 1959, 86.08 % of the houses in rural areas were provided with piped water, 77.39 % from public supplies, and 8.69 % from private supplies. Appendix F shows the proportion for each rural district in Wiltshire.

Progress in implementing post-war regional water schemes during the year has been maintained and in the majority of rural districts the schemes have been completed or are nearing completion. A brief summary of the position in each rural district at the end of 1959 is given below:—

AMESBURY RURAL DISTRICT

Regional water scheme completed with the exception of a further reservoir at Winterbourne Stoke and extension of the regional supply to the Avon Valley villages of Wilsford, Durnford and Woodford.

BRADFORD AND MELKSHAM RURAL DISTRICT

Regional scheme completed.

CALNE AND CHIPPENHAM RURAL DISTRICT

Eastern and western regional schemes completed with the exception of minor extension schemes at Box, Corsham and Grittleton which are now in progress.

CRICKLADE AND WOOTTON BASSETT RURAL DISTRICT

Work still in progress on the revised regional improvement scheme involving new pumping plant at the Ashton Keynes source, additional reservoir at Hook, and new trunk main Hook to Wootton Bassett.

HIGHWORTH RURAL DISTRICT

Northern area scheme completed in 1959. Work now in progress on extension to Elcombe from Wroughton.

MALMESBURY RURAL DISTRICT

Regional scheme completed.

MERE AND TISBURY RURAL DISTRICT

Work in progress on final stages of reservoirs and distribution mains of this extensive regional scheme.

PEWSEY RURAL DISTRICT

The Collingbourne scheme has been completed. Work is now in progress on the Avon Valley scheme based on the Enford Boreholes. Reservoir at Upavon has been completed and mains laid from Upavon to Netheravon.

SALISBURY AND WILTON RURAL DISTRICT

Regional scheme still proceeding. Mains laid at Dinton, Barford and Burcombe during the year. Work should start on laying mains to the Chalk Valley villages during 1960.

WARMINSTER AND WESTBURY RURAL DISTRICT

Northern area scheme has been completed. No further progress was made in the southern area scheme which is receiving the attention of the recently formed West Wilts Water Board. It was originally intended that this scheme should be supplied from the Codford borehole, which was found to have intermittent pollution, and following representations by the County Council and the Ministry, the District Council decided to seek an alternative source, and it is hoped that the West Wilts Water Board will do so. The existing Codford borehole which is only partially lined is sited in an undesirable position close to the railway line and an army stores depot, and in close proximity to potential drainage pollution from a transport cafe, two farms and several houses which drain into the chalk.

REGROUPING OF WILTSHIRE WATER UNDERTAKINGS

The proposed regrouping of the 25 existing public water undertakings moved a step forward during the year when seven of these undertakings in the south-west of the County were amalgamated with two Dorset undertakings to form the West Wilts Water Board.

The West Wilts Water Board Order, 1959, came into operation on the 24th November, 1959. The constituent districts, limits of water supply, and allocation of constituent members are as follows:—

Constituent Districts		Limits of Supply	Number of representatives	
Borough of Shaftesbury	...	Borough of Shaftesbury	Borough of Shaftesbury	... 1
Urban District of Melksham		Urban District of Melksham	Urban District of Melksham	... 2
do.	Trowbridge	do.	Trowbridge	3
do.	Warminster	do.	Warminster	2
do.	Westbury	do.	Westbury	... 1
Rural District of	Bradford and Melksham	Parishes of Hilperton, Melksham Without, Semington, Staverton in the Rural District of Bradford and Melksham, and that part of the parish of Holt in the same Rural District which lies to the south of the Kennet and Avon Canal	Rural District of	Bradford and Melksham 1
do.	Mere and Tisbury	Rural District of	Mere and Tisbury	2
do.	Shaftesbury	do.	Shaftesbury	2
do.	Warminster and Westbury	do.	Warminster and Westbury	2
			Dorset County Council	... 1
			Wiltshire County Council	... 2

Progress was also made towards the formation of a further water board in the North West of the County to be named the North-West Wilts Water Board.

Constituent Districts	Limits of Supply	Number of representatives
Borough of Calne	Borough of Calne	Borough of Calne ... 1
do. Chippenham	do. Chippenham	do. Chippenham ... 3
do. Devizes	do. Devizes	do. Devizes 1
do. Malmesbury	do. Malmesbury	do. Malmesbury ... 1
Urban District of Bradford on Avon	Urban District of Bradford on Avon	Urban District of Bradford on Avon 1
do. Melksham	do. Melksham	do. Melksham ... 1
Rural District of Bradford and Melksham	Rural District of Bradford and Melksham (excluding the parishes of Hilperton, Limpley Stoke, Semington, Staverton, Winsley, and that part of Holt south of the Kennet and Avon Canal)	Rural District of Bradford and Melksham 1
do. Calne and Chippenham	Rural District of Calne and Chippenham (excluding that part of the parish of Nettleton lying to the west of the village of West Kington and being within the statutory area of supply of the West Gloucester Water Company)	do. Calne and Chippenham ... 5
do. Devizes	Rural District of Devizes	do. Devizes ... 2
do. Malmesbury	Parishes of Charlton, Crudwell, Dauntsey, Great Somerford, Hankerton, Hullavington, Lea and Cleverton, Little Somerford, Oaksey, St. Paul Without, and the south eastern part of the parish of Brokenborough in the rural district of Malmesbury	do. Malmesbury 1
		Wiltshire County Council ... 2

SEWERAGE

Increasing progress was made during the year in the provision of sewerage in rural areas. Unlike water schemes, sewerage schemes produce no revenue, and they are often costly, particularly in those areas where ribbon development has been permitted and in those villages along river valleys where constructional difficulties are caused by river crossings or where the soil is waterlogged. Many schemes are non-gravitational and require pumping stations to lift the drainage from low to high level sewers or to the sewage disposal works, thereby increasing not only the capital cost but also the annual working expenses of the scheme. Capital costs today can be anything from £50 to £300 per house, but careful consideration is given to reducing costs wherever possible by utilising the sewage disposal works of an adjoining authority or that of a nearby service department. Other ways of reducing costs are to link several parishes to a single disposal works, to omit laying sewers to groups of unfit houses scheduled for slum clearance, and to avoid purchasing too much land for a disposal works site. A plot just sufficient to accommodate the sewage treatment units is quite sufficient where no further extension is envisaged. Too large an area merely increases the cost of fencing and site maintenance.

During 1959, nine sewerage schemes were completed which makes a total of 49 parishes sewered out of the 269 parishes in the County. Nine other schemes were under construction during the year and eleven proposed schemes were submitted by rural district councils to the County Council for observations.

Further encouragement was also given to rural district councils last year by the decision of the County Council to pay one-third of the cost of lateral sewers where these are provided free to the house builder, which should help to ensure that the houses served by a scheme are connected.

Rural sewerage schemes approved, under construction and completed during the year, are shown in the following table:—

Rural District	Sewerage scheme	Approximate Cost		
		Approved	In progress	Completed
		£	£	£
Amesbury	Winterbourne	131,700		
	Figheledean and Milston	34,130		
	Shrewton		118,840	
	Countess Road, Amesbury		21,259	
Bradford and Melksham	Atworth			31,400
	Melksham Without	72,300		
Calne and Chippenham ...	Yatton Keynell			23,621
Cricklade and Wootton Bassett	Broad Town	13,775		
	Purton	7,670		
	Cricklade	8,800		
Devizes	Stanton St. Bernard			11,600
	Wedhampton			10,009
	Urchfont			27,482
	Etchilhampton			11,230

Rural District	Sewerage Scheme	Approximate Cost		
		Approved	In progress	Completed
		£	£	£
Devizes	Bromham		64,900	
	Cheverells	28,600		
	West Lavington	48,812		
	Seend		19,350	
Highworth	Stratton			19,167
	Blunsdon			10,182
Marlborough and Ramsbury	Bedwyn	65,000		
Mere and Tisbury ...	Tisbury		93,000	
Pewsey	Avon Valley villages	203,730		
	Burbage, Easton and Milton ...		96,700	
Salisbury and Wilton ...	Downton		105,430	
Wilton	Berwick St. James			14,791
	Fovant		92,936	
	Wylde	33,100		
	Laverstock		29,680	
	TOTALS ...	647,617	642,095	159,482

Inspection of Milk and Food

Number of Wiltshire Dairy Farms	...	...	...	...	2,927
Number of Wiltshire T.T. Designated Farms	...	...	...	...	2,729
Number of Wiltshire Non-designated Farms	...	...	...	...	198
Production of T.T. designated milk	...	...	...	...	98.6 %
Production of Non-designated milk	...	...	...	...	1.4 %
Number of Producer/Retailers	...	...	...	...	140
Number of Milk Distributors	...	...	...	...	156

Milk production on Wiltshire farms during the year amounted to 73.3 million gallons. The whole County has now been declared an attested area which implies that all dairy herds are free from tuberculosis. Nevertheless the conquest of bovine tuberculosis is not the end of the matter and still leaves the question of other diseases spread by milk to be tackled. *Brucella abortus* infection of dairy herds, for example, is still widespread and can cause undulant fever in human beings from infected milk. There are also streptococcal and staphylococcal infections from bovine mastitis which can cause streptococcal sore throats, outbreaks of scarlet fever, and staphylococcal food poisoning. All these disease producing organisms may be present in raw milk whether tuberculin tested or not, but none of them can survive pasteurising temperatures which surely is sufficient to justify the compulsory heat treatment of all milk sold for human consumption.

The whole of Wiltshire is now a "specified area" for retail milk sales which ensures that only pasteurised, sterilised and tuberculin tested milk can be sold. Approximately 85% of the milk sold is pasteurised, the bulk of which is processed by the eleven pasteurising dairies which are each visited at least fortnightly by the County Health Inspector. Routine pasteurised milk samples taken and examined during 1959 were as follows:—

Number of pasteurised milk samples taken	...	...	...	311
Number of pasteurised milk samples satisfactory	...	...	...	309
Number of pasteurised milk samples unsatisfactory...	...	...	...	2

One of these dairies was pasteurising milk on unsatisfactory premises pending the determination of an appeal lodged by the firm with the Ministry of Agriculture against the refusal of the County Council to renew a pasteurising licence. The history of this case is as follows:—

Following a pre-licence inspection in 1957 and previous warnings to the firm regarding contravention of the regulations, the Health Committee refused to renew the licence for 1958 and the firm appealed to the Ministry against the action of the County Council. The milk regulations provide that the old licence shall operate until the appeal has been determined by the Ministry. In September, 1959, an Inspector of the Ministry visited the dairy to investigate the grounds of the appeal which had still not yet been determined at the end of the year.

I am indebted to the Chief Inspector of Weights and Measures for the following information:

The County Council is the Food and Drugs Authority throughout the whole of the County with the exception of the Borough of Swindon. As such authority its commitments under the following legislature other than licensing responsibilities are fulfilled by the County Weights and Measures Department with the object of ensuring that purchasers are supplied with pure and genuine foods and drugs.

Food & Drugs Act, 1955.

Sale of Milk Regulations, 1939.

Milk (Special Designations) (Specified Areas) Orders 1955-1958.

Milk & Dairies (Channel Islands & South Devon Milk) Regulations, 1956.

Labelling of Food Order, 1950-1956.
 Labelling of Food Regulations, 1958.
 The Food Standards (General Provisions) Order, 1944.
 The Food Standards Orders and Regulations, 1944-1956.
 The Flour (Composition) Regulations, 1956.
 Public Health (Dried Milk) Regulations, 1923-1948.
 Public Health (Condensed Milk) Regulations, 1923-1953.
 The Condensed Milk Regulations, 1959.
 Public Health (Preservatives, etc., in Food) Regulations, 1925-1958.
 Colouring Matter in Food Regulations, 1957.
 The Anti-oxidant in Food Regulations, 1958.
 Arsenic in Food Regulations, 1959.

A total of 1,256 samples were purchased or taken in areas covering the whole County, steps being taken to obviate the duplication of samples to cover the greatest varieties of foods and to ensure compliance with the labelling and other requirements of the above-mentioned Orders and Regulations.

SUMMARY OF SAMPLES	Number of Samples Procured	Examined Depart- mentally	Sent to Public Analyst	Adverse Report
*Liquid Milk and Cream	966	966	172	40
Processed Milk Products, including Ice-cream	17	7	10	
Edible Fats and Oils	23		23	
Preserves	9		9	
Tinned, Bottled and Dried Articles	22		22	3
Alcoholic Beverages	19		19	
Non-Alcoholic Beverages	7		7	1
Wines and Spirits	35	33	2	1
Fruit Juices, Drinks and Squashes	17		17	
Fresh Fruit	2		2	
Fresh Fish, Meat and Poultry	17	11	6	1
Meat Pies... ..	22		22	
Other Meat and Fish Products	30		30	
Vinegar, Pickles and Sauces	8		8	
Condiments, Spices, Flavourings and Essences	8		8	
Cereal Products, including Bread	20		20	6
Sugar and Flour Confectionery, including Sweetmeats	13		13	1
Medicines, Drugs and Surgical Preparations	11		11	
Miscellaneous	10	1	9	1
TOTALS	1,256	1,018	410	54

*Including 174 samples from milk supplied to schools. Six hundred and fifty-two samples were mechanically tested for the presence of foreign bodies.

The following table summarises the action taken in respect of unsatisfactory samples:—

PROSECUTIONS

Trade	Offence	Act	Fine	Costs	Venue
			£ s. d.	£ s. d.	
Farmer ...	In possession for sale milk to which an addition of water had been made	Food & Drugs Act, 1955	5 0 0	16 16 0	Melksham
Employee of above	Aiding and abetting the above offence		5 0 0	—	
	Adding water to milk		10 0 0	—	
Farmer ...	Selling Channel Islands milk 11% deficient in fat	Milk & Dairies (Channel Islands & South Devon Milk) Regs.	20 0 0	1 8 0	Melksham
Farmer ...	Selling to the prejudice of the purchaser milk containing added water	Food & Drugs Act, 1955	5 0 0	2 16 0	Amesbury
Farmer ...	In possession for sale milk to which an addition of water had been made	Ditto	10 0 0	16 16 0	Bromham
Farmer ...	In possession for sale milk to which an addition of water had been made	Ditto	5 0 0	25 4 0	Grafton
Fishmonger ...	Selling to the prejudice of the purchaser Megrin as Scotch Sole	Ditto	3 0 0	—	Chippenham
	Exposing for sale fish to which a false trade description was applied	Merchandise Marks Acts, 1887-1953	10 0 0	—	
Butchers ...	Selling to the prejudice of the purchaser liver not of the nature demanded	Food & Drugs Act, 1955	5 0 0	—	Salisbury
	Exposing for sale liver to which a false trade description was applied	Merchandise Marks Acts, 1887-1953	5 0 0	—	
Butchers ...	Selling to the prejudice of the purchaser liver not of the nature demanded	Food & Drugs Act, 1955	2 0 0	—	Melksham
	Exposing for sale liver to which a false trade description was applied	Merchandise Marks Acts, 1887-1953	2 0 0	—	
Butchers (two shops) ...	Selling to the prejudice of the purchaser liver not of the nature demanded (two charges)	Food & Drugs Act, 1955	6 0 0	—	Salisbury
	Exposing for sale liver to which a false trade description was applied (two charges)	Merchandise Marks Acts, 1887-1953	10 0 0	—	
	Exposing for sale liver without indication of origin (three charges)	Merchandise Marks (Imported Goods) Order, 1934	6 0 0	—	

CAUTIONS

Subject	No. of Persons cautioned
Alleged false or misleading dietary claims	6
Sub-standard milk	4
Unlicensed use of Special Designation in respect of milk ...	2
Foreign body in foodstuff	1

In addition to the foregoing four milk producers were interviewed by the Chief Inspector, and seventeen instances of cows giving milk of a quality below the presumptive standard were referred to the Ministry of Agriculture, Fisheries & Food, whose officers assist the farmers to improve the quality.

Housing

Two further Housing Acts were added to existing housing legislation during the year, namely, The Housing (Underground Rooms) Act, 1959, and the House Purchase and Housing Act, 1959. The Underground Rooms Act simplifies procedure to close unhealthy underground living rooms.

The House Purchase and Housing Act, 1959, introduces new standard improvement grants, whereby the owner of an old soundly built house can claim a standard grant up to £155 as a right if he adds five improvements to his house. These five improvements are, a bath in a bathroom, a wash basin, a hot water supply, a water closet and a larder. He can get proportional sums if his house needs fewer of these items, although a condition of the grant is that when the work is finished the house must be equipped with all five improvements to the satisfaction of the local authority.

The house owner who wishes to give his house a more extensive modernisation can obtain a "discretionary" improvement grant up to the maximum of £400 under the 1949 Act which continues alongside the new scheme for "standard" grants under the 1959 Act. He can, of course, apply for both the "standard" grant and the "discretionary" grant but he cannot claim more than £400 altogether.

The House Purchase and Housing Act, 1959, also provides facilities for people wishing to purchase old houses built before 1919 and costing not more than £2,500. The intending purchaser can obtain a 95% mortgage from an approved building society who, in turn, is able to borrow from the Government. This is an important development for would-be owners of limited means who find it difficult to raise a mortgage for a new house for it is now possible with a deposit of 5% to purchase a £1,000 house for £50 down and where necessary to obtain a free grant of £155 for improving it, and the purchaser's share of the cost of improvement can be added to the mortgage.

Appendix G gives the rural housing statistics in Wiltshire for 1959.

APPENDIX A

INFANT WELFARE CENTRES

Centre.	Day of Month and Time Centre is Open	Names of Medical Officer and Health Visitor	Remarks	Number of Attendances. 1959
ALDBOURNE The Memorial Hall.	3rd Thursday, 2.15—4 p.m.	Drs. Bennett and Mills (in rotation) Miss Galer	M.O. attends every session	131
ALDERBURY The Chapel Room,	2nd Wednesday 2—4 p.m.	‡Dr. Hammond and Mrs. Jarvis	M.O. attends every session	367
AMESBURY Youth and Community Centre, Kitchener Rd.	1st and 3rd Tuesdays, 2.30—4 p.m.	‡Dr. Hammond, Miss Faulkner and Miss Drew	M.O. attends every session	975
BLUNSDON British Legion Hall, with Mobile Centre.	1st and 3rd Thursdays, 2—4 p.m.	‡Dr. Kinnear (pro tem), Miss Cadogan and Miss Aylmer	M.O. attends every session	839
BODENHAM Radnor Hall.	4th Wednesday, 2—4 p.m.	‡Dr. Lishman and Mrs. Jarvis	M.O. attends every session	284
BOSCOMBE DOWN R.A.F. STATION C. of E. Community Centre.	2nd and 4th Tuesdays, 2.30—4 p.m.	‡Dr. Hammond and Mrs. Heard	M.O. attends 4th Tuesday	783
BOXFIELD Community Centre.	1st and 3rd Fridays, 2—4 p.m.	‡Dr. Voigt and Miss Ludlow	M.O. attends 1st Friday	222
BRADFORD-ON-AVON Church Hall Church Street.	2nd and 4th Tuesdays, 2.15 p.m.	‡Dr. Speller and Miss Francis	M.O. attends every session	488
BROADCHALKE The Village Hall.	1st Wednesday, 2 p.m.	Dr. Brown and Miss Nicoll	M.O. attends every session	199
BROMHAM The Village Hall.	2nd and 4th Wednesdays, 2—4 p.m.	‡Dr. Adams and Miss Portch	M.O. attends 4th Wednesday	274
BULFORD CAMP The Infant Welfare Centre, Horne Road.	Every Tuesday, 2—4 p.m.	‡Dr. Sturges and Miss Nowell, Mrs. Heard and Miss Faulkner	M.O. attends 1st and 2nd Tuesdays	975
BULFORD VILLAGE Parish Hall.	1st and 3rd Wednesdays,	‡Dr. Sturges and Miss Faulkner	M.O. attends 3rd Wednesday	309
CALNE Youth Centre Recreation Ground.	1st and 3rd Thursdays, 2—4 p.m.	‡Dr. Williams, Miss Snelgrove and Miss Fox	M.O. attends 1st Thursday	503
CHIPPENHAM St Andrew's Church Hall.	Every Tuesday, 2—4 p.m.	‡Dr. Broomhead, Mrs. Powell and Miss Boyce	M.O. attends every session	2,002
Methodist Schoolroom, Sheldon Road.	Every Wednesday, 2—4.30 p.m.	‡Dr. Blomfield, Mrs. Powell and Miss Holley	M.O. attends 1st and 3rd Wednesdays	1,391
CHISELDON The Calley Memorial Hall.	2nd and 4th Thursdays, 2—4 p.m.	Dr. Borrelli and Miss Bywater	M.O. attends 4th Thursday	377
CODFORD The Codford Club.	2nd and 4th Mondays, 2.30—4 p.m.	‡Dr. Sturges and Miss Nowell	M.O. attends 2nd Monday	366
CORSHAM County Council Clinic.	Every Thursday, 2—4 p.m.	‡Dr. Broomhead, Mrs. Chamberlain and Mrs. Smartt	M.O. attends every session	962
CRICKLADE Town Hall, with Mobile Centre.	2nd and 4th Mondays, 2—4 p.m.	‡Dr. Kinnear and Miss Cadogan	M.O. attends every session	987
DEVIZES Boy Scouts' Hall.	Every Tuesday, 2—4 p.m.	‡Dr. Adams, Miss Portch and Miss Hacker	M.O. attends every session	1,052

Centre	Day of Month and Time Centre is Open	Names of Medical Officer and Health Visitor	Remarks	Number of Attendances, 1959
DEVIZES(Military Families), The Ladies' Club Room, Waller Barracks.	1st Wednesday, 2—4 p.m.	Military medical officer and Miss Hacker	M.O. attends every session	275
DILTON MARSH Dilton Services Social Club	2nd and 4th Fridays, 2.30 p.m.	‡Dr. Blomfield and Miss Slade	M.O. attends 2nd Friday	346
DOWNTON Memorial Hall.	4th Friday, 2—4 p.m.	Dr. Soutar or Dr. Whitehead, and Mrs. Jarvis	M.O. attends every session	263
DURRINGTON Memorial Hall.	Every Thursday except 1st and 3rd, 2.30—4 p.m.	‡Dr. Hammond (pro tem), Miss Drew and Miss Faulkner	M.O. attends 2nd and 4th Thursdays	716
EAST KNOYLE Village Hall.	1st Wednesday, 2.30—4 p.m.	‡Dr. Lishman and Miss Coleman	M.O. attends every session	141
HANNINGTON The Old Schoolroom.	1st Wednesday, 2—4 p.m.	‡Dr. Nietupska, Mrs. Archer and Miss Gales	M.O. attends every session	209
HIGHWORTH St. Michael's Church Hall, Lechlade Road.	Every Tuesday, 2—4 p.m.	‡Dr. Nietupska and Mrs. Archer and Miss Galer	M.O. attends 2nd and 4th Tuesdays	1,140
LARKHILL Welfare Centre, The Packway.	Alternate Tuesdays, 2—4 p.m.	Military medical officer and District Nurse	M.O. attends every session	1,095
LUDGERSHALL The Memorial Hall.	Last Wednesday, 2 p.m.	Dr. Drake and Miss Gomer	M.O. attends every session	252
LYDIARD PARK Community and Youth Hut, Lydiard Park Estate, with Mobile Centre	1st and 3rd Mondays, 2—4 p.m. (Closed May 1960)	‡Dr. Kinnear and Miss Ould	M.O. attends 1st Monday	130
LYNEHAM Village Hall.	2nd and 4th Thursdays, 2—4 p.m.	‡Dr. Voigt, Mrs. Bodle and Miss Ould	M.O. attends every session	309
MALMESBURY St. Mary's Church Hall	1st and 3rd Wednesdays, 2 p.m.	‡Dr. Voigt, Miss Teague and Miss Eldridge	M.O. attends first Wednesday	403
MARLBOROUGH Wesleyan Sunday School, New Road.	1st and 3rd Fridays, 2.30—4 p.m.	‡Dr. Kinnear and Miss Poulter	M.O. attends 1st Friday	664
MELKSHAM Old Bank House.	Each Thursday, 2—4.30 p.m.	‡Dr. Speller, Mrs. Burton and Miss Jerman	M.O. attends every session	964
MERE Lecture Hall, Salisbury Street.	1st and 3rd Tuesdays, 2.30—4 p.m.	Dr. Morse and Dr. Alexander (in three monthly rotation) and Miss Coleman	M.O. attends 1st Tuesday	277
NESTON The Memorial Hall.	1st and 3rd Mondays, 2—4 p.m.	‡Dr. Blomfield and Mrs. Chamberlain	M.O. attends 3rd Monday	149
NETHERAVON Parish Hall, Fittleton	1st and 3rd Wednesdays, 2.30—4 p.m.	‡Dr. Hammond and Miss Gomer	M.O. attends 1st Wednesday	241
NORTH BRADLEY Progressive Hall.	2nd and 4th Wednesdays, 2.30—4 p.m.	‡Dr. Whittles, Miss Slade and Miss Olney	M.O. attends 4th Wednesday	352
PERHAM DOWN The Welfare Hut, Medical Centre.	Alternate Tuesdays, 2—4 p.m.	Military medical officer and District Nurse	M.O. attends every session	266
PEWSEY The Foresters Hall.	1st Thursday, 2.30 p.m.	Dr. Hynes and Miss Stenning	M.O. attends every session	171
PURTON Red House.	2nd and 4th Tuesdays, 2—4 p.m.	‡Dr. Taylor and Miss Aylmer	M.O. attends every session	416

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Health Visitor	Remarks	Number of Attendances, 1959
RAMSBURY. The Memorial Hall, High Street.	1st Thursday, 2.15—3.30 p.m.	Dr. Mills and Miss Galer	M.O. attends every session	107
REDLYNCH St. Birinus Hall, Morgans Vale.	2nd Friday, 2—4 p.m.	Dr. Whitehead and Mrs. Jarvis	M.O. attends every session	395
SALISBURY Hulse Clinic, General Infirmary.	Every Tuesday and Friday, 2—4 p.m.	‡Dr. Wright, Mrs. Soilleux and Miss Robson	M.O. attends every session	5,228
St. Michael's Parish Room.	Every Thursday and 4th Monday, 2—4 p.m.	‡Dr. Sturges, Miss Morris and Miss Norman	M.O. attends every session	2,051
West Harnham Methodist Hall, Parsonage Green.	1st and 3rd Mondays, 2—4 p.m.	‡Dr. Sturges and Miss Cross	M.O. attends every session	723
STOFORD South Newton and Wishford Recreation Centre	2nd Wednesday, 2—4 p.m.	‡Dr. Lishman, Miss Norman and Miss Morris	M.O. attends every session	386
STRATTON ST. MARGARET Methodist Schoolroom, Lower Stratton.	4th Thursday, 2—4 p.m.	‡Dr. Kinnear, Miss Marr and Miss Gilfillan	M.O. attends every session	334
TIDWORTH The Families M.I. Room, Old Isolation Hospital.	Alternate Mondays, 2—4 p.m.	Military medical officer and District Nurse	M.O. attends every session	718
TISBURY Red Cross Hut, The Avenue.	2nd Tuesday, 2.30 p.m.	Dr. Kennedy and Miss Coleman	M.O. attends each session	328
TROWBRIDGE County Council Clinic, The Halve.	Every Tuesday and Thurs- day, 2-4 p.m.	‡Dr. Murray, Mrs. Fielding, Miss Prichard and Miss Olney	M.O. attends every Tuesday	1,921
St. John's Schoolroom, Upper Studley	Every Friday, 2—4 p.m.	‡Dr. Blomfield and Mrs. Fielding	M.O. attends 1st and 3rd Friday	1,417
UPPER STRATTON Baptist Sunday School Hall, Green Road.	1st and 3rd Tuesdays, 2—4 p.m.	‡Dr. Nietupska, Miss Gilfillan and Miss Marr	M.O. attends every session	816
WARMINSTER Methodist Schoolroom, George Street.	1st and 3rd Fridays, 2—4 p.m.	‡Dr. Reynolds, Miss Hills and Miss Owen	M.O. attends every session	1,112
WARMINSTER (Military Families) Families Club, School of Infantry, Imber Road	1st and 3rd Thursdays, 2—4 p.m.	‡Dr. Hammond and Miss Owen	M.O. attends 1st Thursday	664
WESTBURY Methodist Schoolroom, Station Road.	Every Thursday, 2—4 p.m.	‡Dr. Blomfield and Miss Slade	M.O. attends every session	1,179
WHITEPARISH The Melchett Hall.	Last Tuesday, 2.15 p.m.	Dr. Jepson and Mrs. Jarvis	M.O. attends alter- nate (odd) months)	230
WILTON The Town Hall	1st Thursday and 3rd Wednesday 2—4 p.m.	Dr. Lishman and Miss Nowell	M.O. attends each Session	629
WINTERSLOW Parish Hall.	1st and 3rd Fridays, 2 p.m.	‡Dr. Sturges and District Nurse (Miss Davy).	M.O. attends each session	549
WOOTTON BASSETT The Surgery, Tinkers Lane.	Every Tuesday, 2—4 p.m.	‡Dr. Kinnear (pro tem) and Miss Ould	M.O. attends 1st and 3rd Tuesday	787
WROUGHTON Ellendune Hall.	1st and 3rd Thursdays, 2—4 p.m.	Dr. Calnan and Miss Bywater	M.O. attends every session	824

‡County Medical Staff.

APPENDIX B

NURSING DISTRICTS

Nursing Districts	General Nursing				Midwifery and Maternity Total Cases Attended (Average Case has 25-30 Visits)	
	Cases Attended		Visits Paid			
Alderbury and Longford	55	(91)	568	(619)	30	(25)
Amesbury	25	(27)	544	(459)	49	(47)
Ashton Keynes	75	(87)	926	(1220)	18	(12)
Bedwyn, Shalbourne, etc.	56	(75)	692	(1195)	9	(12)
Blunsdon	172	(163)	801	(631)	18	(28)
Bourne Valley	67	(76)	1017	(1357)	30	(30)
Box	213	(223)	3273	(3305)	19	(10)
Bradford-on-Avon—Nurse I	55	(61)	962	(1049)	7	(4)
Nurse II	63	(73)	754	(878)	2	(9)
Bratton	123	(97)	2246	(1471)	20	(15)
Bromham	60	(83)	1292	(1202)	10	(13)
Bulford	92	(131)	2355	(2069)	—	(—)
Burbage and Easton	170	(129)	1331	(1618)	6	(5)
Calne Town—Nurse I	152	(135)	3759	(2876)	22	(20)
Nurse II	179	(126)	1391	(1308)	19	(31)
Calne Country	61	(75)	1060	(1216)	21	(34)
Castle Combe	117	(119)	1314	(1299)	11	(8)
Chalke Valley	114	(92)	1229	(1144)	17	(14)
Chippenham—Midwifery	—	(—)	—	(—)	99	(83)
General	179	(194)	2714	(3751)	—	(—)
Chiseldon	49	(55)	653	(578)	26	(30)
Codford	28	(66)	916	(584)	29	(19)
Colerne	56	(109)	867	(966)	9	(18)
Collingbourne—Nurse I	117	(142)	1631	(1880)	23	(34)
Nurse II	74	(87)	379	(827)	14	(14)
Corsham—Midwifery	—	(—)	—	(—)	45	(57)
General—Nurse I	75	(91)	2233	(2160)	—	(—)
Nurse II	84	(91)	1996	(2157)	—	(—)
Cricklade	72	(64)	470	(507)	25	(30)
Devizes—Midwifery	30	(58)	463	(653)	60	(41)
General... ..	64	(73)	3338	(3302)	—	(—)
Dilton Marsh	146	(125)	1374	(1306)	9	(7)
Donhead	35	(45)	256	(495)	5	(8)
Downton	178	(171)	1456	(1072)	20	(19)
Durrington	—	(—)	—	(—)	59	(65)
Fonthill	213	(236)	1622	(2117)	7	(24)
Harnham	81	(15)	1025	(659)	29	(30)
Heytesbury	148	(164)	1029	(1303)	19	(17)
Highworth	33	(97)	1279	(1099)	29	(31)
Holt	49	(86)	858	(541)	8	(10)
Kilmington	110	(82)	951	(1623)	14	(12)
Langley Burrell	14	(96)	493	(856)	25	(9)
Larkhill	166	(192)	1984	(1427)	—	(—)
Lyneham and Clyffe Pypard	119	(118)	1099	(1095)	20	(33)
Malmesbury and Hullavington—Nurse I	85	(39)	1117	(1093)	22	(9)
Nurse II	268	(274)	2879	(3661)	15	(35)
Marlborough and Overton—Nurse I	212	(251)	2763	(2428)	9	(9)
Nurse II	65	(121)	1607	(1495)	5	(8)
Melksham—Nurse I	35	(27)	559	(326)	28	(14)
Nurse II	36	(39)	884	(492)	31	(15)
Mere	49	(42)	2888	(839)	9	(17)
Netheravon	28	(50)	305	(399)	19	(18)
North Bradley	72	(55)	1047	(1245)	5	(12)
Pewsey	100	(110)	1152	(1219)	17	(17)
Pewsey Vale—Nurse I	97	(27)	815	(660)	9	(8)
Nurse II	174	(78)	1351	(1026)	10	(10)
Potterne	182	(193)	1733	(1801)	12	(10)

Nursing Districts	General Nursing				Midwifery and Maternity.	
	Cases Attended		Visits Paid		Total Cases Attended (Average Case has 25-30 Visits)	
Purton—Nurse I	55	(102)	684	(783)	22	(29)
Nurse II	46	(30)	420	(356)	15	(19)
Ramsbury	125	(50)	1223	(1367)	16	(20)
Salisbury—						
Midwifery (Infirmary Staff: 2 Midwives) ...	—	(—)	—	(—)	147	(185)
St. Martin's (General)	101	(93)	2248	(2547)	—	(—)
Fisherton (General)	97	(120)	1381	(1658)	—	(—)
St. Michael's (General)	138	(96)	1519	(1497)	—	(—)
St. Edmund's and St. Thomas's	184	(401)	1979	(2359)	—	(—)
St. Mark's	358	(242)	949	(979)	—	(—)
Bemerton	143	(130)	2029	(1569)	—	(—)
Sherston	158	(122)	2423	(2692)	10	(10)
Shrewton	59	(37)	739	(501)	11	(21)
Somerford	121	(157)	921	(1846)	19	(16)
Stratton St. Margaret—Nurse I	56	(100)	799	(1077)	55	(53)
Nurse II	79	(91)	972	(1204)	34	(16)
Nurse III	4	(—)	13	(—)	—	(—)
Sutton Veny	74	(72)	544	(418)	8	(7)
Tidworth and Perham Down	99	(112)	458	(683)	—	(—)
Tisbury	104	(124)	917	(715)	19	(20)
Trowbridge—Midwifery	—	(—)	—	(—)	44	(44)
General—Nurse I	194	(184)	5391	(4194)	—	(—)
Nurse II	138	(165)	4321	(4291)	—	(—)
Urchfont	38	(41)	1244	(1530)	19	(14)
Wanborough	47	(39)	841	(571)	10	(8)
Warminster—Nurse I	31	(50)	947	(670)	25	(18)
Nurse II	85	(124)	1422	(2079)	15	(21)
Westbury	154	(43)	433	(1161)	27	(15)
Whiteparish	32	(21)	493	(548)	11	(14)
Wilton and Wishford	100	(88)	1522	(1037)	55	(43)
Winsley	95	(98)	1452	(1463)	5	(6)
Winterbourne Valley	14	(42)	393	(1020)	5	(9)
Winterslow	260	(341)	1247	(1494)	16	(6)
Woodford	69	(72)	1321	(1705)	2	(5)
Wootton Bassett	73	(87)	732	(1304)	36	(36)
Wroughton	120	(105)	1329	(1192)	37	(45)
TOTALS	8929	(9189)	117695	(119231)	1741	(1731)

APPENDIX C

MEDICAL LOAN DEPOTS

Address of Depot	Name and Address of Officer-in-Charge, and Telephone No., if any
AMESBURY. Red House Farm.	Mrs. I. Muggleton, Red House Farm, Amesbury. (Amesbury 2123.)
BOWERCHALKE. Sunningdale.	Mrs. M. Goodfellow, Sunningdale, Bowerchalke. (Broadchalke 251.)
BRADFORD-ON-AVON. 6 Kingston Avenue.	Mrs. L. M. Johnson, 6 Kingston Avenue, Bradford-on-Avon.
CALNE. Kingsbury Hall.	Mrs. E. M. Cousins, 93 Oxford Road, Calne.
CHIPPENHAM. Watchfield, Rowden Hill.	Mrs. G. E. Moss, Watchfield, Rowden Hill, Chippenham. (Chippenham 2265.)
COLLINGBOURNE. Chapel Hall, Collingbourne Kingston.	Mrs. Fribbance, Homeside, Collingbourne Kingston. (Collingbourne Ducis 267.)
CORSHAM (1). St. John Ambulance Brigade Headquarters, Cricket Pavilion.	Mrs. Harris, The Limes, Station Road, Corsham.
CORSHAM (2). Red Cross Centre, Pound Pill.	Miss A. B. Wood, 14 Pickwick Road, Corsham.
CRICKLADE. 78 High Street, Cricklade.	Miss O. Holloway, 78 High Street, Cricklade.
DEVIZES. Red Cross Hut, The Brittox, and Brighstone, The Breach.	Mrs. G. R. Child, Brighstone, The Breach, Devizes. (Devizes 402.)
DONHEAD. The Firs, Donhead St. Andrew.	Mrs. H. Baddeley, Ice Close, Donhead St. Andrew.
LAVINGTON. Southview Farm, Little Cheverell.	Miss M. Jones, Little Cheverell.
LUDGERSHALL. Ingham, Astor Avenue.	Mrs. F. A. Woodhouse, Ingham, Astor Avenue, Ludgershall.
MALMESBURY. The Silk Mill, Malmesbury.	Mrs. J. H. Humphreys, Milbourne Cottage, Malmesbury. (Malmesbury 3105.)
MARLBOROUGH. 35A High Street.	Mrs. R. J. Cook, The White House, Cardogan Road, Marlborough.
MELKSHAM. Place House, Place Road.	Mrs. W. J. Stratton, Place House, Place Road, Melksham. (Melksham 2285.)
MERE. Tudor Tea Rooms.	Mrs. P. Cross, Glebe Cottage, Church Street, Mere. (Mere 367.)
PEWSEY. The Girl Guide Hut.	Mrs. D. Rankin, Stable End, Pewsey.
PURTON. 20 Witts Lane.	Mrs. M. Climpson, Norbury, High Street, Purton.

Address of Depot	Name and Address of Officer-in-Charge, and Telephone No., if any
RAMSBURY. 27 Council Houses.	Miss A. Edwards, 27 Council Houses, Ramsbury.
SALISBURY. St. John Ambulance Brigade Headquarters, 72 Fisherton Street.	The Officer-in-Charge, Medical Loan Depot, 72 Fisherton Street, Salisbury. (Salisbury 4810.)
STRATTON ST. MARGARET. 216 Ermin Street.	Mrs. Frith, 216 Ermin Street, Stratton St. Margaret.
TISBURY. Red Cross Centre.	Miss B. Burt, Prospect House, Tisbury.
TROWBRIDGE. Courtfield House.	Mrs. Mackay, Courtfield House, Trowbridge. (Trowbridge 2048.)
WARMINSTER. St. Andrew's, Boreham Road.	Mrs. K. J. Nicholls, St. Andrew's, Boreham Road, Warminster.
WILTON. Westminster Lodge, The Hollows.	Mrs. N. Sharman, Westminster Lodge, The Hollows, Wilton.
WOOTTON BASSETT. Adjoining Red Lion Hotel.	Miss Parsons, 13, Victory Row, Wootton Bassett.

APPENDIX D

DOMESTIC HELP SERVICE

A. The following table shows the growth of the service since 1948:—

Year	Number of Enrolled Part-time Home Helps at end of year	Full-time Equivalent (approx.)	Number of Cases attended during year		
			Maternity	Other	Total
1948	11	8.5	50	7	57
1949	69	22.3	57	50	107
1950	147	25.8	136	182	318
1951	195	31.2	99	275	374
1952	277	37.8	106	301	407
1953	285	43.4	118	386	504
1954	320	30.4	47	342	389
1955	400	46.0	72	444	516
1956	398	52.5	83	544	627
1957	359	54.3	73	525	598
1958	476	56.8	43	582	625
1959	537	59.3	49	665	714

B. SUMMARY OF CURRENT CASES WHO ON 31ST DECEMBER, 1959, HAD RECEIVED HELP FOR THE PERIODS SHOWN:—

For comparative purposes the figures for the previous year analysed are shown in brackets.

Type of Case.	PERIOD OF SERVICE.					TOTALS
	3 months and under	Exceeding 3 months	Exceeding 6 months	Exceeding 9 months	Exceeding 12 months	
Maternity	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Ante-Natal and Post-Natal ...	1 (1)	1 (—)	1 (—)	— (—)	— (—)	3 (1)
Tuberculosis	— (—)	— (—)	2 (1)	— (1)	2 (1)	4 (3)
Acute Illness	2 (—)	2 (—)	1 (—)	— (1)	— (1)	5 (2)
Convalescence following hospital treatment	1 (1)	3 (1)	1 (3)	— (—)	— (—)	5 (5)
Chronic illness or disability ...	26 (2)	13 (7)	17 (5)	8 (4)	88 (85)	152 (103)
Aged and infirm	35 (19)	24 (20)	31 (32)	25 (21)	223 (192)	338 (284)
Care of Children (mother in hospital, etc.)	— (—)	— (1)	— (—)	1 (—)	— (—)	1 (1)
TOTALS	65 (23)	43 (29)	53 (41)	34 (27)	313 (279)	508 (399)

C. SUMMARY OF CASES WHO DURING THE YEAR 1959 HAD RECEIVED HELP BUT SERVICE CEASED BEFORE THE END OF THE YEAR.

Type of Case	PERIOD OF SERVICE					TOTALS
	3 months and under	Exceeding 3 months	Exceeding 6 months	Exceeding 9 months	Exceeding 12 months	
Maternity	36 (43)	— (—)	— (—)	— (—)	— (—)	36 (43)
Ante-Natal and Post-Natal ...	9 (3)	1 (2)	— (—)	— (—)	— (—)	10 (5)
Tuberculosis	— (1)	— (1)	— (1)	— (—)	1 (—)	1 (3)
Acute Illness	10 (10)	— (—)	— (—)	— (—)	— (—)	10 (10)
Convalescence following hospital treatment	11 (6)	— (1)	— (—)	— (—)	— (—)	11 (7)
Chronic illness or disability ...	6 (17)	6 (4)	2 (2)	1 (—)	20 (17)	35 (40)
Aged and Infirm	15 (34)	9 (9)	3 (8)	3 (9)	49 (54)	79 (114)
Care of Children (mother in hospital, etc.)	4 (4)	— (—)	— (—)	— (—)	1 (—)	5 (4)
TOTALS	91 (118)	16 (17)	5 (11)	4 (9)	71 (71)	187 (226)

D. ANALYSIS OF CURRENT CASES WHO ON 31ST DECEMBER, 1959, RECEIVED HELP FOR PERIODS EXCEEDING THREE MONTHS.

Type	AGE GROUP.					TOTALS
	Under 60	Over 60	Over 70	Over 80	Over 90	
Aged and infirm person living alone	2	22	129	90	8	251
Aged and infirm couple living alone	—	7	54	35	2	98
Aged and infirm person with resident son or daughter in employment	5	9	21	8	1	44
Aged and infirm person with resident relative incapacitated	1	1	4	3	—	9
Housewife suffering from tuberculosis ...	2	1	—	—	—	3
Housewife suffering from chronic cardiac condition	1	5	1	—	—	7
Housewife suffering from chronic rheumatic condition	3	2	1	—	—	6
Housewife suffering from other chronic condition	11	8	2	—	—	21
Housewife suffering from condition preventing adequate care of young children	4	—	—	—	—	4
TOTALS	29	55	212	136	11	443

APPENDIX E

MENTAL HEALTH AREAS AND OFFICERS RESPONSIBLE

Salisbury City,
Wilton Borough,
Salisbury and Wilton Rural District,
Amesbury Rural District,
Mere and Tisbury Rural District.

Swindon Borough,
Highworth Rural District,
Cricklade and Wootton Bassett Rural District.

Chippenham Borough,
Calne Borough,
Calne and Chippenham Rural District,
Malmesbury Borough,
Malmesbury Rural District,
Bradford and Melksham Rural District.

Trowbridge Urban District,
Bradford on Avon Urban District,
Melksham Urban District,
Devizes Borough,
Devizes Rural District,
Pewsey Rural District,
Marlborough Borough,
Marlborough and Ramsbury Rural District,
Warminster Urban District,
Westbury Urban District,
Warminster and Westbury Rural District.

Additional Mental Welfare Officer:

Mr. R. H. G. Moore, 9 a.m.—5.15 p.m., 50 Bedwin Street,
Salisbury (Tel.: Salisbury 5349).

Deputy: Mr. R. A. Lawton.

Outside office hours:

Mr. Moore: 56 Mill Road (Tel.: Salisbury 4973).

Mr. Lawton: Treetops, White Hill, Pitton (Tel.: Farley 382).

Officer on duty available through Ambulance Station (Tel.: Salisbury 2488).

Miss S. Ponting, Mr. L. Fry: 9 a.m.—5.15 p.m., Health Centre,
Milton Road, Swindon (Tel.: Swindon 2668).

Deputy: Mr. P. J. McDonnell.

Outside office hours:

Miss Ponting: 212 Shrivenham Road, Swindon (Tel.: Swindon 4381).

Mr. Fry: 53 Bryans Close Road, Calne. By message through
Calne or Chippenham Police—Calne 2106; Chippenham 2222.

Mr. McDonnell, 137 Marlborough Road, Swindon (Tel.: Swindon 5727).

Officer on duty available through Health Centre (Tel.: Swindon 2668).

Mr. R. A. Shadwell, 9 a.m.—5.15 p.m., County Hall, Trowbridge
(Tel.: Trowbridge 3641).

Deputy: Mr. F. Garnett.

Outside office hours:

Mr. Shadwell: 18 Marshmead, Hilperton (Tel.: Trowbridge 2300).

Mr. Garnett: 1 Clarendon Gardens, Trowbridge (Tel.: Trowbridge 2785).

Officer on duty available through Ambulance Station (Tel.: Bradford on Avon 2271).

Mr. C. J. Lewis, 9 a.m.—5.15 p.m., County Hall, Trowbridge
(Tel.: Trowbridge 3641).

Deputy: Miss B. A. Bezzant, 9 a.m.—5.15 p.m., 3 Church Street,
Pewsey (Tel.: Pewsey 3259).

Outside office hours:

Mr. Lewis: 40 Westbourne Road, Trowbridge (Tel.: Trowbridge 2696).

Miss Bezzant: 20 Wilcot, Pewsey (Tel.: Pewsey 2243).

Officer on duty available through Ambulance Station (Tel.: Bradford on Avon 2271).

Mr. T. R. Williams, 7 Marshmead, Hilperton.

TRAINING CENTRES

ADDRESS
CHIPPENHAM

Liberal Hall,
Station Hill,
Chippenham.

SUPERVISOR: Mrs. A. Webb.
ASSISTANT: Mrs. E. M. Harrison.
PART-TIME MEALS ASSISTANT:
Mrs. E. Blanchard.

SALISBURY

113 Exeter Street,
Salisbury.

SUPERVISOR: Miss M. E. Hammond.
ASSISTANTS: Miss R. E. Lewry (Commenced 13.1.60).
Mrs. J. Bescoby (Resigned 31.12.59).
Mrs. S. M. Holloway.

SWINDON

81 Bath Road,
Swindon.

SUPERVISOR: Miss I. L. Piper.
ASSISTANTS: Mrs. I. F. Caton (Resigned 15.12.59).
Mrs. D. A. Baird (Commenced 26.4.60).
PART-TIME MEALS ASSISTANT:
Mrs. F. L. Weare.

TROWBRIDGE

Zion Baptist Chapel,
Union Street,
Trowbridge.

SUPERVISOR: Mrs. E. K. Urwin.
ASSISTANTS: Mrs. E. O. M. Bodmin.
Mrs. M. V. G. Mitchell.
PART-TIME MEALS ASSISTANT:
Mrs. G. E. Hillier.

APPENDIX F

PIPED WATER SUPPLIES IN WILTSHIRE RURAL DISTRICTS at 31.12.59

RURAL DISTRICT	PUBLIC PIPED SUPPLIES		PRIVATE PIPED SUPPLIES	
	% Houses	% Population	% Houses	% Population
Amesbury	73.14	73.69	7.68	7.01
Bradford and Melksham	91.10	84.75	—	—
Calne and Chippenham	91.78	92.80	1.21	1.06
Cricklade and Wootton Bassett	94.27	94.26	1.67	1.66
Devizes	75.85	76.76	2.93	2.96
Highworth	95.21	95.19	3.78	3.81
Malmesbury	91.11	92.16	2.66	2.59
Marlborough and Ramsbury	59.74	57.44	37.23	35.79
Mere and Tisbury	60.86	63.51	11.75	9.56
Pewsey	47.87	47.81	25.87	25.77
Salisbury and Wilton	69.13	60.32	19.01	16.59
Warminster and Westbury	54.58	54.24	N.K.	N.K.

RURAL DISTRICTS AS
A WHOLE

{ %	Population with Public Supply	77.01 %
{ %	Population with Private Supply	7.93 %
{ %	Houses with Public Supply	77.39 %
{ %	Houses with Private Supply	8.69 %

APPENDIX G

Rural Housing Statistics for Year Ending 31st December, 1959

	Amesbury	Bradford and Melksham	Calne and Chippenham	Cricklade and Wootton Bassett	Devizes	Highworth	Malmesbury	Marlborough and Ramsbury	Mere and Tisbury	Pewsey	Salisbury and Wilton	Warminster and Westbury
1. No. of permanent dwellings in district at end of year	4,033	—	—	—	4,039	6,821	3,196	3,450	3,845	4,470	5,901	—
2. No. of permanent dwellings in district owned by local authority	1,212	—	—	—	879	1,658	517	587	609	1,057	774	559
3. No. of temporary dwellings in district owned by local authority	—	—	—	—	—	380	—	—	—	—	—	—
4. No. of applications for council houses at end of year	483	—	—	—	256	242	220	140	160	306	500	—
5. Inspection of dwellings during year—												
(i) Inspected for housing defects under Public Health Acts	18	9	108	—	29	15	402	—	26	63	127	—
(ii) Inspected for housing defects under Housing Acts	113	31	302	—	56	545	—	—	128	267	120	7
(iii) No. of dwellings so dangerous or injurious to health as to be unfit for habitation	21	31	52	—	7	26	3	—	3	40	42	1
(iv) No. of dwellings found not to be in all respects reasonably fit for habitation	120	31	9	—	12	43	69	—	87	46	87	6
6. No. of dwellings rendered fit in consequence of informal action	62	12	5	—	90	15	60	68	76	40	75	2
7. Action under statutory powers—												
A. Proceedings under sections 9, 10, 12 Housing Act, 1957—												
(i) No. of dwellings where notices were served requiring defects to be remedied	—	—	—	—	—	3	—	—	—	—	1	—
(ii) No. of dwellings rendered fit after service of formal notices—												
(a) By owners	—	—	—	—	—	3	—	—	—	—	1	—
(b) By local authority in default of owners	—	—	—	—	—	—	—	—	—	—	—	—
B. Proceedings under Public Health Acts—												
(i) No. of dwellings where formal notices were served	7	—	1	—	—	2	—	—	—	2	—	—
(ii) No. of dwellings made fit as result of formal notices—												
(a) By owners	11	—	1	—	—	2	—	—	—	2	—	—
(b) By local authorities in default of owners	—	—	5	—	—	—	—	—	—	—	—	—
C. Proceedings under Section 16, Housing Act, 1957—												
(i) No. of demolition Orders made	9	5	5	—	3	19	—	—	2	5	19	—
(ii) No. of houses demolished as result of demolition Orders	20	2	4	—	13	6	—	9	4	3	32	—
(iii) No. of undertakings accepted	—	9	2	Information	2	7	2	1	1	26	1	3
(iv) No. of undertakings completed	1	4	1	not	—	7	2	—	3	5	—	—
D. Proceedings under Sections 42, 43, 46, 48 Housing Acts, 1957—				available								
(i) No. of houses in clearance areas upon which demolition Orders were made	—	—	—	—	—	—	—	—	—	5	—	—
(ii) No. of houses demolished as result of demolition Orders	—	—	—	—	4	—	—	—	—	5	—	—
(iii) No. of houses in clearance areas which have been retained as temporary accommodation	—	—	—	—	—	—	—	—	—	—	—	—
E. Proceedings under Sections 17, 18, 27, Housing Act, 1957—												
(i) No. of dwellings where closing Orders were made	—	3	4	—	1	—	—	—	—	8	3	—
(ii) No. of dwellings closed as result of closing Orders or undertakings by owners	—	—	4	—	—	—	—	—	—	3	4	—
(iii) No. of dwellings where closing Orders were cancelled in consequence of premises being made fit	—	—	—	—	2	1	—	—	—	—	1	—
F. Proceedings under Section 76, Housing Act, 1957—												
(i) No. of cases of overcrowding at end of year	Not known	—	Not known	—	—	—	—	—	—	2	—	No record
(ii) No. of cases of overcrowding discovered during year	4	—	—	—	1	2	—	—	—	4	3	—
(iii) No. of cases of overcrowding abated during year	3	—	—	—	1	2	—	—	1	6	3	—
Houses erected or converted during year—												
Houses erected during year—For slum clearance: Local Authority	11	—	27	—	4	13	—	5	—	28	8	—
Houses erected during year—For other purposes: Local Authority	64	—	15	—	4	33	—	8	—	14	10	4
Private Enterprise	58	—	56	—	53	339	23	17	21	21	72	59
Gained from conversion of large houses into flats or dwellings: Local Authority	—	—	—	—	—	—	—	—	—	—	—	—
Private Enterprise	6	—	7	—	4	—	—	—	34	2	—	5
Lost from conversion of two or more houses into one: Local Authority	—	—	—	—	—	—	—	—	—	—	—	—
Private Enterprise	1	—	—	—	2	—	—	2	—	3	—	1
Improvement Grants made under Housing Acts, 1949-1959—												
Value of grants made: Standard Grants	£194.0.10.	—	£2,165	—	£222	£3,260	—	£1,660	£780	£315	—	£2,486
Discretionary Grants	£13,152.17.0	—	£19,979	—	£3,880	£6,388	£8,138	£13,803	£17,182	£10,179	£17,407	£11,123
No. of houses improved as result of: Standard Grants	3	—	—	—	2	22	—	14	—	1	—	22
Discretionary Grants	43	—	51	—	13	23	26	42	50	38	51	49

